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ABSTRACT

The handbook reviews the history and current state of the art of special education for exceptional bilingual students and provides approaches for development of programs. Ties between bilingual and exceptional education are traced historically; then legislation to assure equal opportunity is reviewed. Definitions, characteristics, and special considerations with bilingual students for such exceptionalities as mental retardation and giftedness are described. A discussion on assessment includes problems associated with the prereferral process and testing, and self study questions for school districts, individual schools, and staff regarding assessment procedures. Parents' needs, rights, roles, and strategies to encourage participation are covered briefly. Program options such as developing an individualized education plan for ethnolinguistic minority students and designing instructional environments are explained. A model for program development based on a needs assessment is outlined. (MC)

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SPECIAL EDUCATION FOR EXCEPTIONAL BILINGUAL STUDENTS: a handbook for educators

Midwest National Origin Desegregation Assistance Center
University of Wisconsin-Milwaukee

EC 151696

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Chapter 1.

INTRODUCTION

Bilingual special education is a rapidly developing field. During the past decade, the educational needs of both bilingual and exceptional students have been increasingly recognized by American educators and lawmakers. Each of these fields itself is at a relatively early stage of development, since, until recently, services to these populations have been largely overlooked in American education. Bilingual special education is an interdisciplinary effort that draws upon the resources of both bilingual and special education. Today, the educational challenges posed by students who are both bilingual and exceptional are beginning to be addressed.*

HISTORICAL ROOTS

Close relationships between programs for handicapped children and for children with a limited proficiency in English have deep historical roots in American education. Provision of programs for special populations in U.S. public schools evolved from the enactment of compulsory school attendance laws. Between the mid-1800s and the early 1900s, individual states enacted these laws to promote the acculturation of children from disparate ethnic, cultural, and language backgrounds and to prepare citizens for participation in a democratic society. The American historian Hofstadter (1975) has proposed that compulsory education laws were also aimed at removing immigrant children, who were a cheap source of labor, from the competitive job market and at keeping them off the streets.

Along with the advent of compulsory education came the establishment of the first special programs for children who posed instructional and behavioral problems for schools. Such programs were variously called "ungraded schools," "streamer," or "backward" classes. They were first set up in large, industrial cities, and many of the students placed in them were immigrant children who had difficulties in school, primarily due to their lack of proficiency in English.

Some people criticized such programs as dumping grounds for children who could not be handled in regular classes. Referring to the situation in Cleveland, Miller (1961) stated that:

> The non-English-speaking child ... cannot keep up with his companions in the regular grades. For this reason, he is sent to a special class. But if there is not a streamer class available, the pupil is all too frequently assigned to the backward class. This is not because it is the right place for him, but rather because it furnishes an easy means of disposing of a pupil who, through no fault of his own, is an unsatisfactory member of the regular grade.

* As used in this manual, the term "bilingual" refers to individuals who have any level of communicative competence in two languages. The level of competence can range widely from minimum to maximum, and the term does not imply that the individual is a balanced bilingual. In order to avoid unnecessary repetition in describing bilingual individuals, the terms "limited English proficient" (LEP) and "language minority" are used interchangeably with "bilingual" throughout this manual. The term "exceptional bilingual" is the standard description now accepted by the Council for Exceptional Children to define bilingual individuals who are also handicapped, gifted, or otherwise special in their educational needs.

The supervisor of primary schools in New Haven pointed out that "...incorrigible boys, defective children and children who speak no English..." were placed in special classes (Connecticut Special Education Association, 1936).

The national origins and dominant languages of most immigrant students have changed since the late 19th and early 20th centuries, but conditions in American schools failed to improve substantially until recent years. Classes for students with limited English proficiency (LEP) and for handicapped students are finally being transformed from dumping grounds into effective programs. The court cases and legislation to be discussed in Chapter 2 first reflected and then promoted the changes in educational policies that affect programming for these two groups and for a third group — the focus of this manual, the exceptional bilingual child.

UNRESOLVED ISSUES

As yet, there is no consensus on the appropriate treatment of exceptional bilingual children in public school settings. Numerous questions are being asked by educators: Does a limited proficiency in English, in itself, constitute a handicap? How are handicapped bilingual children identified? How do we determine when a bilingual child's difficulties in meeting the demands of the instructional program stem from limitations in proficiency rather than from actual learning impairments? Are handicapped bilingual children the bilingual department's responsibility or that of the school's special education department? Is the acquisition of two languages a realistic expectation for bilingual children who are moderately or severely handicapped? How do we make decisions concerning the most suitable language of instruction?

Major, complex issues are involved in educational planning for exceptional bilingual children. The issue of appropriate identification must be addressed prior to a child's referral, evaluation, and placement, but identifying the handicapped bilingual child can be extremely problematic. In attempting to identify a bilingual student as exceptional, educators face two possible dangers: (1) the "false positive" identification, when bilingual children are incorrectly labeled as exceptional and subsequently placed in special programs, and (2) the "false negative" identification, when those bilingual children who *do* present exceptional difficulties are not identified and provided with the appropriate special education programs.

Both now and in the past, many culturally and linguistically different children have been placed in special education programs, not because they presented clearly established learning impairments (Mercer, 1973; Tucker, 1980; Zabel, 1980), but because of their inability to meet school expectations for functioning in English. Others have been placed in special classes because of differences in language dialect and/or cultural background. For example, the Massachusetts Advocacy Center (1978) reports that compared with whites, Hispanics and blacks are disproportionately placed in the more restrictive special education programs. In recent years, a number of class action suits have been filed against school districts to remedy

this situation. This litigation has resulted in major legislation affecting the identification procedures used with LEP students. Nevertheless, inappropriate identification, assessment, and placement (both over and under) continue. Even when identification is appropriate, the educational services provided may not be adequate. The foremost reasons for these problems are a lack of information on the educational rights of exceptional bilingual students and a shortage of competently trained bilingual special education personnel, appropriate assessment tools, adequately designed programs, and suitable curriculum materials (U.S. General Accounting Office, 1981).

Certainly, bilingual students who do not exhibit learning impairments should not be considered exceptional learners and placed in special education programs solely because of language and cultural differences. Yet it is equally important that bilingual children who truly do present learning handicaps receive the special services needed to facilitate their educational development. Our objectives, then, are to properly identify bilingual younsters who may be handicapped, to evaluate their performance using nonbiased procedures, and to place them into special programs where the educational services are designed to satisfy the student's linguistic and cultural characteristics. This manual will provide a starting point for school districts to develop local policies and responses to the challenges outlined above.

CONCLUSIONS

This chapter has introduced the field of bilingual special education by tracing some of the historical ties between the educational treatment of handicapped children and of culturally and linguistically diverse students in American schools. A number of major unresolved issues that were delineated will be discussed in the following chapters.

Chapter 2.

EQUAL EDUCATIONAL OPPORTUNITY: SOURCES OF LEGAL RIGHTS

INTRODUCTION

The legal rights established for handicapped children and children with a limited proficiency in English have served as the basis for safeguarding the educational rights of bilingual exceptional students. The sources of these rights are found in a combination of federal and state legislation, the rules of their implementation, the body of resulting case law, and the administrative interpretation of legislation and litigation by government enforcement agencies. The 1960s and 1970s were particularly active for the litigation and legislation that have determined today's legal framework of educational programs for handicapped bilingual children. These laws and lawsuits have influenced one another, with court cases often producing legislation which, in turn, has sometimes led to a subsequent suit to clarify the intent of that law. While every state has its own provisions for educating bilingual and exceptional students, the federal courts and the U.S. Congress (urged by citizens' groups) have, in the past, provided leadership in these areas, and state laws and regulations have tended to reflect the federal mandates.

Although it did not speak directly to the educational rights of either bilingual or handicapped children, the landmark *Brown v. Board of Education of Topeka* case of 1954 laid the foundation for much of this legal activity. In *Brown*, the U.S. Supreme Court ruled that the separation of schooling according to race is inherently unequal and does not meet the test of equal protection provided in the Fourteenth Amendment to the U.S. Constitution. Civil rights legislation codifying the nondiscrimination principles implicit in the *Brown* decision later became the basis for federal mandates prohibiting discrimination against handicapped and LEP children.

National origin minorities, whose dominant language is not English, are likely to differ in their learning needs from students of monolingual English backgrounds. In recognition of this situation, government agencies and federal and state courts have extended the interpretation of existing equal access and equal opportunity legislation to require the provision of specialized instructional services to bilingual students, especially those with a limited proficiency in English.

LEGISLATION

Federal legislative support for appropriate educational services for language and cultural minority students is found in the text and in the administrative and court interpretations of Section 601 (Title VI) of the 1964 Civil Rights Act; Section 504 of the 1973 Vocational Rehabilitation Act; Section 204 of the 1974 Equal Educational Opportunities Act; and, most specifically, in the Education of All Handicapped Children Act of 1975 (Public Law 94-142).* In addition to this federal legislation, most states have enacted special education statutes.

* For full references to the legislation and litigation cited in the following sections, see the chronological list at the end of this chapter.

implementation guidelines, and other regulations, some of which also provide for bilingual services to LEP handicapped children. The following are some of the major pieces of federal legislation affecting education of exceptional bilingual students.

Civil Rights Act of 1964

This was the first major piece of federal legislation requiring that school districts receiving federal funding ensure nondiscrimination on the basis of race, color, or national origin. Later interpretations of the Act by the U.S. Office for Civil Rights (e.g., OCR's May 25, 1970, Memorandum, *Fed. Regist. 35,* 11595) led to the requirement that school districts provide special instruction to bilingual students and guarantee that nondiscriminatory testing procedures are used in their evaluations.

Vocational Rehabilitation Act of 1973

Following the trend of civil rights legislation, Congress passed the Vocational Rehabilitation Act to guarantee the civil rights of handicapped individuals. Section 504 of this Act declares:

> No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Section 504, like Title VI of the Civil Rights Act, requires that school districts receiving federal assistance ensure the access of handicapped students to public education. It also allows the Office for Civil Rights to conduct compliance reviews of school districts receiving federal funds.

The U.S. Office of Civil Rights has regulations for implementation of the Vocational Rehabilitation Act; these rules provide guidance for educational agencies in their placement of handicapped persons (*Fed. Regist., 41,* 96, 1976):

> A recipient [of federal funds] shall provide educational services to each qualified handicapped person who resides in the recipient's jurisdiction, regardless of the nature of severity of the person's handicap, in the most normal setting possible and may not remove a handicapped person from, or place such a person in a setting other than, the regular educational environment except when the nature or severity of the person's handicap is such that education in regular classes with the use of supplementary aids and services is demonstrated by the recipient not to be in the best interest of such person.

Equal Educational Opportunities Act of 1974

By the early 1970s, Congress had become aware of the need for a national education policy that would support equity in education and the major educational reform movements affecting the country. One of these movements was the quest for bilingual education by language minority groups. In 1968, Congress had enacted Title VII of the Elementary and Secondary Education Act, also known as the Bilingual Education Act. In this law, Congress declared its support of bilingual education and appropriated funds for demonstration projects.

By 1974, several states had enacted bilingual education legislation, federal courts had ordered the establishment of bilingual programs, and the United States Supreme Court had confirmed the authority of the government's Office for Civil Rights to enforce civil rights mandates. The Equal Educational Opportunities Act codified into law the guarantee of equal education rights for language minority students and the legal principles declared by the Supreme Court in a landmark case, *Lau v. Nichols* (to be discussed in the "Case Law" section).

In perhaps its strongest statement against discriminatory treatment by the public schools, Congress asserts in Section 1701(1) of the Equal Educational Opportunities Act:

> All children enrolled in public schools are entitled to equal educational opportunity without regard to race, color, sex, or national origin....

Of particular relevance for language minorities, Section 1703(f) of the Act declares:

> No state shall deny equal educational opportunity to an individual on account of his or her race, color, sex, or national origin, by the failure of an educational agency to take appropriate action to overcome language barriers that impede equal participation by its students in its instructional programs.

Under this section, even school districts that do not receive federal funds are legally obligated to provide adequate educational services to *any* individual who is eligible for participation in its programs.

Education of All Handicapped Children Act of 1975 (P.L. 94-142)

This Act, also known as Public Law 94-142, is the major federal legislation mandating education for handicapped children. Several of the judicial principles emerging from court proceedings of the 1960s and 1970s — such as the right to a free public education, individualized programming, least restrictive environment, and due process requirements — are included in this legislation, along with a commitment of federal funding to support the Act's implementation at the state and local levels.

P.L. 94-142 requires that every handicapped child between the ages of 3 and 21 has a right to a free and appropriate education. Furthermore, programs available to non-handicapped children must also be available to the handicapped. These programs include, but are not limited to, vocational education, bilingual education, music, art, and extracurricular activities. The Act also guarantees the rights of handicapped children to an education designed to meet their specific individual needs. For this purpose, local education agencies must evaluate all handicapped children in their jurisdictions through nondiscriminatory procedures. Testing must be multifaceted and must be conducted in the child's most proficient language by a multidisciplinary team of qualified personnel using tests that are valid for their intended purpose. (A discussion of nonbiased assessment follows in Chapter 4.) After screening and identification, local schools must also develop and implement an individualized education program (IEP) that must be periodically revised for each child in need of special education. These programs are discussed in Chapter 6.

P.L. 94-142 defines handicapped children as mentally retarded, hard-of-hearing, deaf, orthopedically impaired, other health impaired, speech impaired, visually handicapped, or seriously emotionally disturbed; the definition includes children with specific learning disabilities who, because of that disability, require special education services. The definitions, characteristics, and educational implications of these categories of educationally exceptional students (as well as the gifted ones), are examined in detail in Chapter 3. Furthermore, the Act mandates the placement of handicapped students in the least restrictive environment; that is, to the extent possible and appropriate, handicapped children are to be educated along with children who are not handicapped. Handicapped children may be segregated from the regular educational environment only when the handicap's severity is such that services can be provided only in a special setting. The implications of the least restrictive environment are discussed in Chapter 6.

P.L. 94-142 also guarantees due process procedures, including parental notification in their dominant language, parents' permission for individual evaluation, and parental involvement and approval of their child's individual educational program. The rights and responsibilities of parents of exceptional bilingual students are explained further in Chapter 5.

CASE LAW

Both state and federal courts have been instrumental in clarifying the educational rights of handicapped and bilingual children. During the 1970s, a number of significant cases helped define the process by which handicapped students were to be identified, evaluated, and served by educational agencies. Often, the courts found that the use of discriminatory testing of students had led to misplacement of bilingual students in programs for the handicapped. Later in the decade, the focus of the litigation switched to the adequacy of programs available for those eligible for services.

Rights of Language Minority Children

Litigation has been crucial to the establishment of rights for language minority children. From *Arreola v. Board of Education* (1968) to *Jose P. v. Ambach* (1979), the rights of these students have been expanded to require the consideration of linguistic and cultural factors in their evaluation for placement and in the actual provision of instruction. Pending litigation — *Diana v. State Board of Education* (1970)* and *Parents in Action on Special Education (PASE), et al. v. Hannon, et al.* (1980) — may be settled along new grounds in light of the impact that legislation such as the Equal Educational Opportunities Act of 1974 and P.L. 94-142 have had on educational policy and practice during the last few years. The following overview of the key court decisions involving the educational rights of language minority children will improve our understanding of the issues before the courts. Three of the major issues addressed in these cases are nonbiased assessment, parental involvement, and the appropriateness of educational placements and programs.

Nonbiased Assessment. Cultural bias in testing was a major issue of the landmark case, *Diana v. State Board of Education* (1970). The suit was filed in federal court on behalf of nine Mexican American children from Spanish speaking homes. All had been placed in classes for the mentally retarded following diagnoses based upon the results of IQ tests that relied on verbal English and ignored the childrens' native language skills. The court found that the inherent cultural bias of the tests discriminated against the plaintiffs. The case was settled out of court with stipulated agreements on testing procedures and requirements for reevaluating Mexican American children already placed in classes for the retarded.

In *Covarrubias v. San Diego Unified School District* (1971), the plaintiffs sought to have the influence of the sociocultural environments recognized in determining a student's learning ability. This case, too, was settled out of court with stipulated agreements involving reevaluation and assignment based on appropriate tests. *Larry P. v. Riles* (1974), filed on behalf of six black children in San Francisco, went even further. The plaintiffs requested, and the court required, defendents to (1) use culturally relevant assessment instruments, (2) reevaluate black children already placed in classes for educable mentally retarded students, (3) correct disparities in racial representation in classes for the mentally retarded, and (4) employ sufficient numbers of black and other minority psychologists. The court also ordered a moratorium on the use of standardized intelligence tests for the identification of black children as educable mentally retarded or for their placement in such classes without prior approval secured from the court.

A similar decision was rendered in *Guadalupe Organization, Inc., v. Tempe Elementary School District No. 3 et al.* (1972). This suit, filed in Arizona, resulted from the disproportionate placement of Yaqui Indian and Mexican American children in classes for the mentally retarded when placement was based on the results of IQ tests given in English rather than the child's

* The failure of the California State Board of Education to implement a 1970 settlement in the *Diana* case recently prompted California Rural Legal Services to petition a federal court for a new enforcement order.

native language. An out-of-court settlement required reevaluation of the children in such classes and testing in the primary language.

Parental Involvement. The necessity of involving parents in the educational decision-making for exceptional minority children has been established in a number of court cases. *Arreola v. Board of Education* (1968), for example, was filed on behalf of eleven Mexican American children in Orange County, California. The court mandated that prior to a decision to place a child in a special class, parents were to be notified and given formal opportunity to challenge placement. An injunction was granted to prohibit continuation of these classes unless a hearing was provided before placement. The 1972 *Guadalupe* decision also required that parents be notified prior to any special education placement of their child.

Appropriate Placement. Perhaps the most influential litigation affecting the provision of instruction for non-English speaking minorities is the *Lau v. Nichols* (1974) decision. The plaintiffs were Chinese children in the San Francisco Unified School District who charged that they were functionally excluded from meaningful education because of their inability to speak or understand English, the language of instruction. They sought relief from the unavailability of adequate programs and argued violations of Title VI of the 1964 Civil Rights Act and the Fourteenth Amendment to the Constitution. The District Court ruled against the plaintiffs, and the ruling was upheld by the Appellate Court. Upon further appeal, however, the U.S. Supreme Court reversed the decisions of the lower courts and declared that schools do have an obligation to provide specialized instruction to students whose limited English language ability prevents them from full participation in the classroom.

The court also upheld the authority of the U.S. Department of Health, Education and Welfare (HEW) to issue interpretations regarding the applicability of Title VI prohibitions to LEP students. In a 1970 memorandum, HEW had required school districts to take affirmative steps to overcome the English language "deficiencies" of limited English speaking students. Although it did not specify what "affirmative steps" must be taken, the court observed: "We know that those who do not understand English are certain to find their classroom experience wholly incomprehensible and in no way meaningful."

In *Lora v. The Board of Education* (1978), the central issue was an alleged lack of adequate facilities in the New York public schools which resulted in racially and ethnically segregated special education day schools for emotionally disturbed students. These programs were charged with being more restrictive than was appropriate. The court found that black and Hispanic students were indeed disproportionately assigned to these special day schools and held that the students were discriminated against on the basis of race in violation of the Fourteenth Amendment and the 1964 Civil Rights Act. The special day schools were also judged to be inadequate, and the plaintiffs were found to have suffered inadequate treatment in the referral, evaluation, and due process procedures.

A more recent class-action lawsuit, also concerning appropriate educational placement for culturally and linguistically diverse children in New York, is *Jose P. v. Ambach* (1979). The

court issued relief orders addressing virtually every aspect of special education in New York City: (1) identification of children with special education needs and an outreach office with adequate bilingual resources, (2) appropriate evaluation provisions addressing staff, facilities, and nondiscriminatory bilingual testing procedures, (3) stipulations for appropriate programs in the least restrictive environment, which require (a) a continuum of services for both high and low incidence disabilities and (b) bilingual programs for each level of the continuum, and (4) commitment to develop a handbook, in both English and Spanish, which treats due process and parental and students' rights.

Rights of Handicapped Children

In the 1970s, federal courts applied the "separate is unequal" reasoning of *Brown* to handicapped children in several significant court cases. One of these cases was *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania* (1971). In a class-action suit, the Pennsylvania Association for Retarded Children (PARC) sued the state to provide free public education for mentally retarded children who were denied schooling because of their handicaps. The court declared that a mentally retarded child should receive a "free, public program of education and training appropriate to the child's capacity," and that "placement in a regular public school class is preferable to placement in a special public school class and placement in a special public school class is preferable to placement in any other type of education and training." The case also established due process rights for parents to ensure their participation in decisions affecting their children (see also Chapter 5).

The landmark PARC case was soon followed by the successful *Mills v. Board of Education of District of Columbia* (1972). In *Mills*, issues similar to those in the PARC case existed, but *all* categories of handicapped children, not just mentally retarded children, were represented. Thus, the court extended the educational rights outlined in the PARC decision to all handicapped children. Other cases such as *Wyatt v. Stickney* (1972) also resulted in significant litigation affecting the education of handicapped children. The *Wyatt* suit was generated by the treatment of patients at Partlow State Hospital in Alabama. The court ordered that persons confined to state institutions must be provided with treatment programs. Public agencies, including schools, were told to devise and implement programs that are the least restrictive possible. This judgment has provided some of the legal foundation for the "least restrictive environment" (LRE) principle: The handicapped child is best served in the mainstream environment whenever possible. The thrust of the litigation and legislation discussed above supports the notion that handicapped minority students, and specifically those of limited English proficiency, are constitutionally entitled to specialized treatment that takes into consideration their culture and their linguistic background.

CONCLUSIONS

No matter how many laws are enacted or court cases won, none of the special education programs deserved by bilingual exceptional students can ever reach their beneficiaries without a firm commitment to support and implement the court decisions and the policies that

they imply. Between 1977 and 1981, federal funds for acting upon P.L. 94-142 fell short of congressional authorizations, and the current shift in financial and political responsibility from the federal government to the states threatens to pave the way for further cuts in special education programs, which already lost 9% of their funding in 1981-82.

In light of this situation, American educators must not lose sight of their moral and ethical obligations to bilingual exceptional children. The years of litigation and the enactment of legislation supporting the rights of these children have paved the way for a more comprehensive response to their educational needs. To avoid a return to legal confrontations, school officials must ensure the enforcement of the legal rights previously discussed and adhere to the educational policies that have been established.

CHRONOLOGY OF LEGISLATION AND LITIGATION

1954 *Brown v. Board of Education of Topeka*, 347 U.S. 483, 74 S. Ct. 686, 98 L.Ed. 873 (1954).

1964 Civil Rights Act of 1964, Title VI, Section 601, 42 U.S.C.A., Section 2000d.

1968 Elementary and Secondary Education Act, Title VII (also known as the Bilingual Education Act), Sections 702 *et seq.*, 20 U.S.C.A., Sections 880b *et seq.*; P.L. 90-247, 81 Stat. 783 (Jan. 2, 1968).

1968 *Arreola v. Board of Education*, No. 160 577 (1968).

1970 U.S. Office for Civil Rights, May 25, 1970, Interpretation of Civil Rights Act, *Fed. Regist. 35*, 11595.

1970 *Diana v. State Board of Education*, No. 3-70 37 RFP (1970).

1971 *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*, 344 F. Supp. 1260, E.D. Pa. (1971).

1971 *Covarrubias v. San Diego Unified School District*, No. 70-394-T, S.D. Calif. (1971).

1972 *Mills v. Board of Education of District of Columbia*, 384 F. Supp. 866 (D.D.C. 1972).

1972 *Guadalupe Organization, Inc., v. Tempe Elementary School District No. 3 et al.*, U.S. District of Court of Arizona, 587 F. 2d 1022 (9th Cir. 1978).

1973 Vocational Rehabilitation Act of 1973, Section 504, 29 U.S.C.A., Section 794; P.L. 93-112.

1974 Equal Educational Opportunities Act of 1974, Section 204, 20 U.S.C.A., Section 1703.

1974 *Larry P. v. Riles*, 343 F. Supp. 1306, 502 F. 2d 963 (9th Cir. 1974).

1974 *Lau v. Nichols*, 414 U.S. 563, 94 S. Ct. 786, 39 L.Ed. 2d 1 (1974).

1974 *Wyatt v. Stickney*, 344 F. Supp. 387 (M.D. Ala. 1972); Affirmed Sub. Nom. *Wyatt v. Aderholt*, 503 F. 2d 1305 (5th Cir. 1974).

1975 Education of All Handicapped Children Act of 1975, 20 U.S.C.A., Sections 1411-1420; P.L. 94-142.

1977: *Fed Regist 42*, No. 86, May 4, 1977, P.L. 94-142 Regulations.

1978: Gifted and Talented Children's Act of 1978, Section 902; P.L. 95-561.

1978: *Lora v. The Board of Education*, New York, 456 F. Supp. 1211 (1978).

1979: *Jose P. v. Ambach*, 79-C-270, New York (1979).

1980: *Parents in Action on Special Education (PASE), et al. v. Hannon, et al.*, appeal pending (7th Cir.).

Chapter 3.

CATEGORIES OF EXCEPTIONALITY

INTRODUCTION

Any attempt to identify bilingual children who are truly exceptional, and to determine which special education services they may need, demands a familiarity with special education terminology. An understanding of the categories and characteristics of exceptionalities can assist in the process of deciding whether a child is truly exceptional. A student who is experiencing learning difficulties may or may not be handicapped; generally, about 10-15% of a school population can be expected to require special education services, although prevalence estimates vary widely due to differences in definition, identification, and sampling procedures (Hallahan and Kauffman, 1982).

Children with educational problems are referred to as exceptional, handicapped, or "special needs" students. These terms will be used interchangeably throughout this manual to refer to children who have intellectual, behavioral, perceptual, and/or physical problems that retard or impede their academic progress. These learning problems may be evident in disorders of listening, speaking, memory, thinking, and behavior and in academic areas such as reading, writing, spelling, and arithmetic. Learning problems should become evident when the child is being evaluated in his or her dominant language and should not be assumed because of limited English proficiency or inferior schooling, both of which can cause test results that would be judged poor by traditional measures. A number of labels are used to categorize exceptional children, including gifted, learning-disabled, mentally retarded, emotionally disturbed or behavior disordered, language impaired, speech and hearing impaired, visually impaired, and physically handicapped.

Attempting to group and define handicapped children on the basis of the handicapping condition is a difficult task. Children with handicaps are, after all, simply children, more like their nonhandicapped peers and each other than they are like an educational definition. The most important characteristics to be aware of with any group of children are their personalities, their feelings about themselves and their worlds, their strengths, and their thoughts. When discussing the difficulties these children may have, it is easy to forget that the problems do not represent the whole child, but are only one of many facets that define personality and self. Although categorical definitions of children that emphasize condition, etiology, characteristics, and special education programming may help professionals working with these children to provide appropriate educational opportunities, the categories are broad and in some cases ill-defined. In fact, the application of labels to categorize children can be detrimental if used to stigmatize, segregate, and/or deny access to educational opportunities. Even when applied very carefully, labels come nowhere near to explaining the characteristics of the individual children who are placed within them (Zabel, 1982). However, educational definitions do have positive functions — they allow us to understand and provide for distinguishable handicapping conditions and they serve as legal standards for receiving government funding. For these reasons, this handbook incorporates the following discussion of the major categories of exceptionality.

MENTAL RETARDATION

Definition and Characteristics

Although the definition and terminology used to discuss mental retardation (MR) have varied considerably over the years, there is no doubt that retardation is a problem of major concern in the United States. Consider the following statistics: More than 6 million Americans can be considered intellectually inadequate to meet many of the everyday demands of an increasingly technological society; a mentally retarded individual is born every 4 minutes; and retardation ranks only behind mental illness, cardiac disease, arthritis, and cancer as a major national health problem (Albee, 1973; Bryan and Bryan, 1979; Robinson and Robinson, 1970).

The most widely used definition of mental retardation is that given by the American Association of Mental Deficiency (AAMD) (Grossman, 1977):

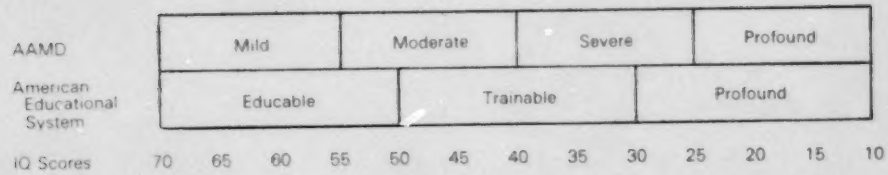
> Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period.

In this definition, "general intellectual functioning" refers to the results of individual intelligence tests, "significantly subaverage" means an IQ score more than two standard deviations below the mean for the test, and "adaptive behavior" refers to the degree to which the individual meets the standards of personal independence and social responsibility expected of the age and cultural group (Grossman, 1977); "developmental period" designates the time from birth to the eighteenth birthday (Gearhart, 1980).

As an example of adaptive behavior, a child may score poorly on a standardized intelligence test, yet be able to function well in the community; the math score may be low, but the child may be able to shop, use public transportation, and care for siblings. The President's Committee on Mental Retardation (1975) referred to this type of child as "the six-hour retardate" — a child who performs poorly in school but competently in the community. By including the adaptive behavior component of the definition, professionals have attempted to revise the purely intellectual or academic definitions of retardation that disregard the actual daily performance of the individual in the non-school environment. When dealing with children who are culturally and/or linguistically different, special care must be taken to assure that assessment and labeling are appropriate (see Chapters 1 and 4).

Within this general definition of mental retardation, several levels of disability have also been determined. The AAMD classification system creates four levels — mild, moderate, severe, and profound. The three common American educational levels are educable (EMR, EMH), trainable (TMR, TMH), and severe/profound. The chart on the next page compares these levels of retardation with the IQ scores generally associated with them, on a test with a mean of 100 and a standard deviation of 15.

Classification Systems for Mental Retardation



Source: Kirk and Gallagher, 1979.

Although educators disagree over exact incidence figures for most handicaps, the prevalence rates for mental retardation are more generally accepted than those for fields such as learning disabilities or emotional disturbance. Most professionals agree that the retardation rate is somewhere between 2 and 3%. Assuming the 3% estimate, a school district would plan for 25 EMR students, 4 TMR students, and 1 severely or profoundly retarded student per 1000 school-age children and youth in its population.

Special Considerations With Bilingual Students

Because minority children have traditionally been overrepresented in classes for the mentally retarded, well-developed procedures must be used when identifying handicapped members of minority groups. As will be discussed in Chapter 4, the use of traditional IQ tests with language and ethnic minority students often constitutes a discriminatory practice. Furthermore, sole reliance on the IQ criterion is neither appropriate nor legal for identifying mental retardation. Adaptive behavior information gathered in the appropriate language and from knowledgeable informants, as well as testing results that are nonbiased (linguistically, culturally, racially, and sexually), must be used to classify any child as mentally retarded. Often, because of the inadequacies of our assessment procedures, language and ethnic minority students are improperly served. We must make every effort to conduct a multifaceted assessment that will allow us to feel confident in the placements we make and to prepare an appropriate set of programs.

GIFTEDNESS

Although gifted children are not included in P.L. 94-142 (see Chapter 2), they may come under the administration of special education. It seems to be just as difficult to define the parameters of giftedness as it is to define handicapping conditions, and for many of the same reasons. Historically, IQ tests were used to identify the gifted population, requiring a score at least one and usually two standard deviations above the mean. Dissatisfaction with this method has grown, however, because intelligence tests can ignore creative or artistic children or those who may possess other qualities not detected by such measurements. In addition, the cultural bias of intelligence tests makes them suspect when used as the only tool for identifying gifted children.

Definition and Characteristics

The most recent definition used in federal law, found in Section 902 of the Gifted and Talented Children's Act of 1978 (P.L. 95-561), states:

> 'Gifted and talented children' means children ... who are identified at the preschool, elementary, or secondary level as possessing demonstrated or potential abilities that give evidence of high performance capabilities in areas such as intellectual, creative, specific academic, or leadership ability, or in the performing and visual arts, and who by reason thereof, require services or activities not ordinarily provided by the school.

There are many lists of characteristics and traits thought to define gifted children, but few can stand alone and most are so subjective (e.g., "existence of special talents") that they are not very helpful. Because the definitions vary widely, teacher nomination has not been very reliable as an identification method. All too often, educators view as the norm middle-class standards of behavior, academic performance, and language; consequently, few minority children are nominated by this method.

An alternative to lists of gifted characteristics or traits is the use of broad performance indexes, which provide a framework to judge fairly members from all language and ethnic groups. Renzulli (1977) has suggested a method that defines the gifted individual as one who demonstrates an intersection of high-level characteristics from three sets:

1) Ability (including high intelligence),

2) Creativity, and

3) Task commitment (high level of motivation and the ability to see a project through to its conclusion).

The advantage of Renzulli's method is that a child can be evaluated in his or her more proficient language to discover if these characteristics are exhibited, and performance and behavior can be interpreted using appropriate cultural norms.

The generally agreed-upon prevalence rate for giftedness is approximately 2-3% of the school age population (Hallahan and Kauffman, 1982).

Special Considerations With Bilingual Students

Children from diverse cultural and linguistic backgrounds who qualify for programs for the gifted and talented may lack access to them for any of the following reasons:

1) Culturally biased definitions of giftedness.

2) Biased identification criteria/nomination procedures.

3) Biased assessment procedures, or

4) Staffing or program inadequacies (i.e., no bilingual staff or curricula in existing gifted student programs).

School districts can prevent such barriers through careful planning that takes the needs of this special population into account.

BEHAVIOR DISORDERS

The label received by a child who is experiencing behavior problems in school depends greatly on where the child lives. Different labels currently in use in the United States include behavior disordered (BD), emotionally disturbed (ED), emotionally handicapped, and educationally handicapped (EH); also, the student can be defined as having a personal and social adjustment problem, special learning and behavior problem, social maladjustment, etc. Each of these labels carries a slightly different emphasis and may serve as an example of the problems involved in defining and categorizing a group of children with very different and complex behaviors.

Definition and Characteristics

Part of the difficulty in defining behavior disorders or emotional disturbance arises from the fact that many different theoretical models have contributed to our current knowledge about these children. Rhodes and Tracy (1972) attempted to compile these many different frameworks and theories into a manageable format, and their volume on conceptual models remains one of the most important works in the field.

Characteristics of emotionally disturbed or behavior-disordered children have been clustered into two main groups: (1) hyperactive-aggressive and (2) fearful-withdrawn. The aggressive, acting-out child is the one most likely to attract the attention of school authorities at an early age, but the withdrawn child is at equal risk and must also receive service.

Bower (1969), in his listing of the characteristics of behavior-disordered children, emphasized that the negative behaviors identified should be manifested frequently and for a period of time before the child is labeled seriously emotionally disturbed. Some characteristics that appear in many definitions of disturbance used by States include:

1) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

2) Difficulty in building or maintaining satisfactory interpersonal relationships with peers and teachers.

3) Inappropriate types of behavior or feelings under normal conditions,

4) A general, pervasive mood of unhappiness or depression, and

5) A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

Any categorization of disturbance is naturally influenced by the values and beliefs of the person doing the labeling, and this must be taken into account when defining the characteristics of such children.

Emotional disturbance can take many different forms and has received several different labels; thus, the difficulties encountered in tabulating the number of emotionally disturbed children are not surprising. Estimates in the literature range from 1% to 20% of the school-aged population. In an article aimed at sorting out the problems of conflicting incidence figures, Wood and Zabel (1978) determined that the figures may actually be describing two different groups of disturbed children: Estimates of 2-3% probably refer to those children who have chronic, serious problems in adjusting to school and who will need special programming throughout most of their school careers, whereas the higher incidence figures might encompass children who are experiencing only short-term, transient behavior problems. This second group of children may require special programming or just some extra support for a short time, but need not become a *permanent* part of the special education program. However, both groups of children are in need of treatment, and neither group can be overlooked in planning for service in the schools. Distinguishing between the two has become an important factor in the diagnostic procedure.

Special Considerations With Bilingual Students

Anyone in a stressful environment, such as individuals in the process of resettlement or cultural assimilation, experience a much greater risk of temporary behavior problems. As they adjust to new cultural norms, these students can benefit from specially designed support systems to assist their transition; however, they are not seriously emotionally disturbed and educators should not treat them as such. Moreover, we must avoid labeling individuals who have culturally different patterns of behavior as disturbed or disordered. Every possible precaution must be taken to understand the role definition and expectations transmitted to the student by his ethnic community and to incorporate these standards in determining whether unacceptable or inappropriate patterns exist. Adaptive individuals who have learned acceptable patterns of behavior in one cultural community will, over time, make the necessary adjustments to function well in American society. Students who *would* be appropriately served by a program for the behavior-disordered are those ill-adapted individuals whose behavior patterns lie outside of their own ethnic community's norms as well as American standards.

LEARNING DISABILITIES

The field of learning disabilities (LD) is the newest and perhaps the most puzzling in the special education field. This is due in part to its rapid growth. In 1960, it was an area of exceptionality that most educators had not heard of; it has now become the most common service delivery mode in many special education programs. Issues involved in the definition, theoretical background, and appropriate remedial techniques for learning disabilities continue to be debated by educators, parents, and school officials.

Definition and Characteristics

Early definitions of learning disabilities were established from a medical model that dealt with "minimal brain dysfunction" or "brain damage," but current definitions, such as the one found in P.L. 94-142, tend to focus on educational deficits (*Fed. Regist., 42,* No. 250, Dec. 29, 1977, 65083):

> Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunctions, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, or emotional disturbance or of environmental, cultural, or economic disadvantage.

It is important to note the word "primarily" in the disclaimer at the end of this definition. This does not imply that children who are mentally retarded, emotionally disturbed, or hearing-impaired cannot also have a specific learning disability (SLD). However, if the other handicapping condition is the major or primary source of the learning problem, then the child should not be categorized as learning-disabled.

In a field fraught with problems of definition and categorization, it comes as no surprise that incidence figures are also a source of controversy. Estimates in the literature concerning this topic range from 1% to 10-15%, with more authorities supporting a 2-3% figure.

The causes of learning disabilities are largely unknown. Minimal brain damage (MBD), which was frequently listed as the cause in the early days of the field, remains a possibility. Conclusive diagnosis of such a disorder, however, is virtually impossible. Children are most often diagnosed on the basis of their poor performance in school, and once a diagnosis is made, a post hoc decision on causation might be attempted. Typical components of the assessment process are instruments that measure processing abilities, memory, sensorimotor functioning, and academic skills.

Of the variety of symptoms attributed to learning-disabled children, the most frequently cited are, according to Bryan and Bryan (1979):

1) Hyperactivity (motor behavior not demanded by the situation or task and disruptive to the group or the expectations of others).

2) Perceptual-motor impairments (difficulty in coordinating a visual or auditory stimulus with a motor act such as that required in copying letters of the alphabet).

3) Emotionalism (emotional outbursts that observers consider unreasonable in light of the situation or the child's immediate past history).

4) General coordination deficits (clumsiness or awkwardness).

5) Disorders of attention (either (a) distractibility or paying attention to what one should not, or (b) perseveration, concentrating on something too long).

6) Impulsiveness (behavior suggesting little reflection on the part of the child).

7) Disorders of memory or thinking (difficulty in recalling materials that should have been learned or in understanding abstract concepts).

8) Specific learning disabilities (i.e., an inability to learn reading, arithmetic, or spelling in the child's primary language).

9) Difficulty in understanding or remembering spoken language, deficits in articulating speech, or poor linguistic habits as measured or observed in the child's primary language, and

10) Equivocal neurological signs (signs that are not clearly associated with particular neurological problems but that are clearly outside of the normal range of functioning).

Obviously, not all learning-disabled children have all of these characteristics, and conversely, having one of these problems does not automatically make a child learning-disabled. However, most children placed in programs for learning-disabled students do manifest several of these symptoms.

Theorists attempting to define the characteristics of learning-disabled children have generally focused on either problems of process (auditory or visual processes, perceptual motor behavior, etc.) or problems of product (reading, math, and spelling difficulties), and these two approaches have led to differing remedial techniques.

Special Considerations With Biling ıal Students

Educators who are not familiar with the process of second language acquisition can have trouble deciding whether second language learners having difficulties are underachieving because of temporary language limitations or because of mild handicapping conditions. The work of James Cummins (1981a, 1981b) reveals that second language learners are often perceived as learning-disabled when they are able to communicate in English but unable to use English successfully for academic purposes. The traditional argument assumes that if the student understands and uses English well, then something else must be causing the problem. Cummins urges caution in defining proficiency too narrowly, which results in deciding that children have handicaps when in fact they are still in the process of developing English language skills on a more demanding level. He suggests that the level of proficiency necessary to function well in academic settings takes considerably longer to achieve than the level needed to interact interpersonally.

If examinations are conducted in the developing second language, it will be difficult to isolate and evaluate the numerous variables that contribute to the student's performance. On the other hand, primary language evaluations will gather more reliable, comprehensive, and clear-cut data on which to base subsequent judgments. Learning more about second language acquisition (the stages a learner goes through and the expected time to reach various proficiency levels) and using proper procedures for determining learning disabilities among children in their native languages will assist districts in accurate identification of those students truly in need of such services.

COMMUNICATION DISORDERS

Definition and Characteristics

Communication disorders may be manifested either as speech difficulties (disorders in articulation, fluency, or voice) or language difficulties (disorders of inner, receptive, or expressive language).

Speech disorders are generally dealt with by a speech pathologist or clinician and may include dysfunctions in one or more of the following areas:

1) Articulation disorders (errors in the way speech sounds are made, including omission, substitution, and distortion of sounds),

2) Voice disorders (dysfunctions in pitch, loudness, or quality), and

3) Lack of fluency (for example, stuttering).

Language disorders are also remedied by the speech/language clinician. These disorders may be divided into four categories (Naremore, 1980):

1) Absence of verbal language development (the child may have other handicaps, including hearing impairment, mental retardation, autism, or serious emotional disturbance; such children may need alternative methods of communication, such as sign language, communication boards, etc.),

2) Qualitatively different language (child does not use speech effectively and, for example, exhibits echolalia or nonsense),

3) Delayed language (normal language development, but at a very slow rate), and

4) Interrupted language development (due to accident, brain damage, or illness).

As noted above, many of these disorders are usually dealt with by speech and language pathologists or clinicians, but both special and regular class teachers (monolingual or bilingual) can assist by becoming actively involved in the remedial program.

Special Considerations With Bilingual Students

Any identification of bilingual children as communicatively disordered should be based on data indicating fundamental problems across languages. Developmental errors made by second language learners (in articulation, syntax, vocabulary, etc.) or dialectal differences in English do not constitute communication problems. Children should be compared against developmental norms specific to the language being studied and against children from similar backgrounds (age, socioeconomic status, ethnic group, and linguistic community).

As is the case with identification of learning disabilities, the results gathered in the more proficient language will best indicate the nature of the child's problem because they provide a broader base of language to analyze.

For children with hearing impairments, mental retardation, autism, or other handicaps that can limit language development, the argument is often made that since these children must function in American society, and because language learning is difficult for them, we should therefore concentrate on English language development. This argument supports the notion that development of two languages will be an overwhelming task and will "confuse" the child. In most cases, the decision to avoid bilingual language development denies the reality of the child's linguistic environment, for the child will continue to live in two linguistic communities. A recent study (Greenlee, 1981) demonstrated that children with limited sensory or intellectual capacity can and do develop two languages. While language development might be delayed equally across languages, no reason exists for denying the child access to developing, as much as possible, the language skills he or she will need on an everyday basis.

When the nature of the handicap has caused the total absence of language and when remediation is concentrating first on the development of a single language system, the choice of that language should perhaps be made by considering some of these factors:

1) What language will best serve the child so that he/she can interact with his/her family and community?

2) What language has been spoken to the child since birth? Are there any signs of receptive development in that language?

3) To what language does the child show any form of response (gesture following sounds, other signs of paying attention)?

In dealing with communication-disordered bilingual children, educators need to build from foundations already established and have as our major objective the maintenance of the family units and other support systems of the handicapped child. If the language taught to the child in school isolates the child from his family and community, then we may contribute to a disjointed environment for the child in which the support groups — family, school, and community — are not contributing to a common intervention plan. This will systematically undermine the child's progress.

HEARING IMPAIRMENTS

Definition and Characteristics

The term "hearing impaired" can refer to a wide variety of hearing losses, from mild loss to profound deafness.

The conference of Executives of American Schools for the Deaf has advanced a simple definition: A deaf person is one whose hearing disability is so great that he or she cannot understand speech through the use of the ear alone, with or without a hearing aid. A hard-of-hearing person is one whose hearing disability makes it difficult to hear but who can, with or without the use of a hearing aid, understand speech (Gearhart, 1980). Other definitions and classification systems may be based on the time of onset (congenital or adventitious) or on the time of language acquisition (pre- or post-lingual).

One of the more common ways to categorize types of hearing loss is with the terms "conductive loss" (reduced or impaired conduction of sound to the sense organ), "sensorineural loss" (sound is conducted normally but the inner ear is not working properly), and "mixed loss" (both conductive and sensorineural loss) (Gearhart, 1980).

In attempting to define the degree of hearing loss suffered by a child and the effect such loss will have on a daily performance, the variables that should be taken into account include a measure of sensory acuity, the age when the loss occurred, the age the loss was discovered, and the child's present communication system (oral/manual abilities being used). With sensory impairments, as with other areas of exceptionality, the most clearcut testing will result from utilizing all language systems in which the child shows signs of proficiency.

Kirk and Gallagher (1979) have reviewed prevalence studies that report rates varying from 1 to 5% of school-age children having some type of hearing loss. A reliable estimate seems to fall somewhere in the middle of this range, around 2.6%. Children who can be termed deaf probably make up a small portion of this group, somewhere around 1 in 1000 (0.1%).

The greatest area of need in the intervention programs for deaf and hard-of-hearing children is language development. Language and other forms of communication are essential to learning, and this is a major hurdle for the child with a hearing impairment. Some educators have even favored a definition of deafness based on language acquisition: A deaf child is one who suffers a hearing loss in the first two or three years of life and as a consequence does not acquire language naturally; a hard-of-hearing child is one who loses all ability to detect sound after having learned language but whose speech remains understandable (Hallahan and Kauffman, 1978).

Oral language is not the only form of communication affected by hearing loss. The written language of deaf children appears more like that of younger, hearing children in that it uses short sentences, simpler grammatical forms, and relatively sparse vocabulary (Moores, 1970).

Sometimes children are perceived as behavior-disordered or learning-disabled when in fact they simply have undetected hearing losses. Children who are bilingual may be at particular risk for misdiagnosis in this area, as lack of attention or poor progress can be attributed to difficulty with English rather than a possible hearing problem.

Some symptoms exhibited by children with hearing difficulties are that the child:

1) Is unable to follow directions or does not respond to sound,

2) Daydreams a great deal,

3) Has a speech defect (in a primary language),

4) Turns volume up loud,

5) Is always asking "what?",

6) Turns head toward sound or cups ear in order to hear, or

7) Has red, crusty ears (which may indicate otitus media or other infection) or secretions from the ears.

Special Considerations With Bilingual Students

In some areas of exceptionality, bilingual students may have higher incidence figures than expected. Hearing impairment is one such category. For certain groups of bilingual students,

such as refugee students who spent long periods in camps, hearing impairments may be more prevalent than usual due to the poor health conditions and other traumas experienced. In such cases, we know that the language developed prior to the loss was a language other than English, and our planning must reflect that knowledge.

The following questions can guide districts as they plan intervention programs for hearing-impaired or deaf youngsters from bilingual homes:

1) Can the youngster, with or without a hearing aid, use some of his/her hearing to function?

2) If a hearing aid is required, does the family need counseling to help them accept and appreciate the use of such a device?

3) Does the family have a preference for an oral, sign-language, or total-communication approach?

4) If oral or total communication is selected, does the family have a preference for the language to be taught?

5) What communication system is already in place that could serve as the foundation for the intervention program?

6) What approach will avoid alienating the student from his family and ethnic community, who will be assisting the child in the no-school environment?

7) What program provides the greatest support to the family as they care for their handicapped child?

VISUAL IMPAIRMENTS

Definition and Characteristics

The terms commonly used when dealing with visually impaired children and adults explain the following degrees of impairment and remaining function (Gearhart, 1980; Barraga, 1976):

Blind — indicates total loss of vision or only minimal light perception; this term should not be confused with legal blindness (a person who is legally blind may have some vision). The blind are those who cannot learn to read print and must learn Braille for reading and writing.

Visually impaired — any clinically diagnosable deviation in the structure or functioning of any part or parts of the eye. The visually impaired are those who can learn to read print, although they may require books with extra large print.

Visually handicapped — a term used to indicate individuals who have impairments in the structure or functioning of the visual sense organ, regardless of the extent or nature of this impairment.

Low vision — refers to those who have limitations in distance vision but may be able to see objects or materials at a distance of a few inches or perhaps a very few feet.

Visually limited — refers to the condition in which a student has some visual limitations under some circumstances.

The U.S. Office of Education estimates that approximately 0.1% of school children have visual handicaps serious enough to warrant educational consideration. Some statistics from *Facts About Blindness* may help to clarify the situation of visual impairment in this country: About 1.75 million persons in the United States are severely visually impaired. This includes 400,000 who have no usable vision. Of these, 4% are under age 25, about 32% are between 25 and 64, and over 64% are over age 65 (Kirk and Gallagher, 1979).

Most studies of the intellectual and psychological functioning of the blind indicate that the major problems are visual (Bateman, 1967; Bryan and Bryan, 1979; Hewett and Forness, 1977). If the task does not rely on vision, blind and partially sighted children do as well as their sighted peers.

Language development in visually handicapped children seems to follow a normal pattern. While there has been some disagreement over the use of "verbalisms," which is defined as excessive use of words not verified by concrete experience (Cutsforth, 1951; Dokecki, 1966; Kirk and Gallagher, 1979), the general conclusion is that the language of blind children is not deficient.

Some symptoms exhibited by children who may have visual problems include:

1) Chronic eye irritation, watery eyes, or sensitive eyelids.

2) Complaints about visual blurring or inability to see.

3) Rubbing of eyes, frowning, squinting, and excessive blinking.

4) Tilting the head when reading or holding reading matter in an unusual position.

5) Nausea, double vision, or blurring when reading.

6) Avoiding reading-related activities.

7) Inattention to visual tasks.

8) Lack of gross or fine motor coordination, and

9) Strabismus (crossed eyes).

Special Considerations With Bilingual Students

For some bilingual families, the treatments prescribed for visually impaired children (eyeglasses or surgery, for example) might be too expensive for them to afford. The family might also reject a prescribed treatment because of cultural or religious beliefs. For these reasons, educators must incorporate testing procedures that encourage the family to inform the school of any difficulties with or objections to the treatments suggested. To accomplish these goals, bilingual staff must become involved in visual-acuity screenings and in following up on the results.

Intervention programs should also account for the child's limitation in one mode of expression by strengthening the input through other channels. This can be accomplished by selecting the child's most proficient language for auditory input. Recorded tapes of native language materials could be very useful in this effort. If visual input is also possible, districts can use large-print native language materials to capitalize on the student's strengths.

PHYSICAL HANDICAPS, OTHER HEALTH IMPAIRMENTS, AND MULTIPLY HANDICAPPED

Definition and Characteristics

The term "physically handicapped," or orthopedically handicapped, includes a variety of conditions — congenital or produced by accident or disease — that limit the individual's physical mobility. For purposes of definition, physically handicapped children are considered to be (Hallahan and Kauffman, 1978):

> ...those whose nonsensory physical limitations or health problems interfere with their school attendance or learning to such an extent that special services, training, materials, or facilities are required.

Some of the conditions included under this category are amputations, arthritis, spina bifida (a congenital defect resulting from failure of the bony spinal column to close completely during fetal development), poliomyelitis, multiple sclerosis, muscular dystrophy, congenital malformations, and cerebral palsy (a condition characterized by paralysis, weakness, uncoordination, and/or other motor dysfunction due to brain damage).

In the 1940s and 1950s, poliomyelitis accounted for the largest number of children in public school programs for the physically handicapped. In the 1970s, cerebral-palsied children accounted for the largest group. Though there is little debate over the definition or existence

of this group of students, their educational needs may be more varied than other groups because many physically handicapped children must also deal with accompanying handicaps, such as sensory impairment or mental retardation.

The term "other health impairments" refers to chronic illnesses (heart disease, diabetes, cancer) and conditions (electroconvulsive disorder, autism) that may interfere with a child's learning ability. Children in this category are entitled to any special provisions or equipment they might need in order to receive an appropriate education.

"Multiply handicapped" refers to severely handicapped children who exhibit several handicapping conditions, such as deaf/blind, physically handicapped/mentally retarded, or deaf/mentally retarded. Multiply handicapped students may be served in a public school, hospital, or institutional setting.

The U.S. Office of Education estimates the incidence of physical handicaps in children at approximately 0.5% of school-age children. The figures for 1975 indicated 328,000 physically handicapped children in the United States; about half of them were victims of cerebral palsy and other crippling conditions (Hallahan and Kauffman, 1978), the other half were chilren suffering from chronic health problems or disease.

Since children with physical handicaps make up such a diverse group, it is impossible to generalize about their intellectual or psychological characteristics. Such children may possess normal or above-normal intelligence and learning capabilities; their only need is access to the learning environment. On the other hand, physically handicapped children might have sensory impairments that further complicate their learning abilities, or they may be mentally retarded. No one set of learning characteristics goes with any one syndrome. For instance, not all cerebral-palsied individuals are retarded. Difficulties in testing severely disabled children, particularly those whose speech is involved, make accurate assessments difficult and may lead to erroneous conclusions regarding their abilities.

Psychological and emotional characteristics also vary as much as those in the non-handicapped population. Many physically handicapped children who have adapted logically to their disability suffer no behavioral problems and can interact well with peers. For others, emotional or behavioral problems may have been produced by the initial brain damage or disease or by the stigmatizing reactions of others to their disability.

The last example above illustrates an important factor in the adjustment of the physically handicapped — society's reaction to them. Not all physically handicapped individuals are mentally retarded, yet that attitude persists. The provision of adequate physical resources (ramps, lifts, wider doors) could enable a physically handicapped child to attend school or an adult to hold a job; these provisions, however, as well as changes in attitude, must be supported by society as a whole.

As with hearing and vision impairments, treatments of physical handicaps may have prohibitive price tags for families with low to moderate incomes. The causes of these impairments may have unexpected explanations for individuals from diverse ethnic backgrounds. The family may be either more or less protective than we expect, and their acceptance of and attempt to remedy the disability may be colored by variant health practices or religious beliefs. Educators must remain open to other life views and accepting, or at least tolerant, of the choices the family makes after all the information has been presented to them. In cases where the school is intolerant of the family's decision regarding their child, it may find that the family has many ways of circumventing unwanted treatments (moving, keeping the child at home, failing to give the child medicine prescribed, etc.). Educators who are familiar with the customs, beliefs, and health practices of the families in question, as well as proficient in the child's home language, will be in the best position to gather health histories from the parents, inform parents of their options, and encourage the selection of what seems to be the most productive route.

Families who care for a physically handicapped child, especially one with a severe disability, can benefit significantly from any training and support programs the school can provide. Designing these programs to be culturally and linguistically responsive will greatly enhance the chance of the program's success.

CONCLUSIONS

This chapter has attempted to provide some basic definitions for the different handicapping conditions that can occur in any given population. In order to properly identify bilingual children with handicaps, one basic need is to understand the universal characteristics and traits of children who are assigned a certain exceptionality category. We must seek nondiscriminatory ways of verifying the existence of such disabilities in children of diverse cultural and linguistic backgrounds. We must also structure responsive intervention programs that capitalize on the child's strengths, including previous academic and nonacademic training, language development, and social adaptation.

In order to assist the reader in this process, many of the assessment and intervention ideas that emerged in this section will be further developed in the following chapters.

Chapter 4.

ASSESSMENT OF EXCEPTIONAL BILINGUAL STUDENTS

INTRODUCTION

Many of the critical issues in special education for LEP students are related to the assessment process. As detailed in Chapter 2, considerable litigation and legislative attention has been devoted to the racial, cultural, and language biases in traditional evaluations. Comprehensive, ongoing assessment provides the basis for initiating alternative teaching approaches in the regular education program or deciding to refer to special education services when the regular setting (bilingual or monolingual) cannot meet the needs of the exceptional student. It is critical to look at assessment as an important phase in providing appropriate instruction. The more we learn about the individual, the more we can accommodate his or her unique characteristics in our program. Assessment finds its true usefulness in the education process as educators gain fresh perspectives about what they can do to make the necessary changes in the instruction provided.

Because assessment is such an important and complex factor in designing educational programs, the performance of traditional assessments of language minority students can become problematic and discouraging. All too often, traditional evaluation procedures result in little useful information due to the inherent bias of the methods themselves. Biases can arise from (1) inadequate representation of language minority children in the test-item selection population, which results in questions that are biased culturally, experientially, and linguistically toward the majority groups (Green, 1971), (2) insufficient representation of minority students when norming the instrument (Cervantes, 1974), (3) problems during administration of the test (e.g., a lack of test sophistication on the part of the examinees, examiner ethnicity, etc.) (Bernal, 1977), and (4) misinterpretation of the student's performance (Laosa, 1977). Unfairness can never be entirely eliminated in these areas of test construction, content, administration, and interpretation; therefore, our job is to achieve the *least* biased test procedure possible.

In attempting to do this, we must be cautious when using (1) translations and adaptations of instruments that are as inadequate as the original test in English because their content is left largely unchanged, (2) untrained interpreters who are inadequately prepared to administer or interpret assessment devices, and (3) poorly constructed native language instruments that possess little or no statistical information to support their utility.

All of the above-mentioned cautions should not overwhelm or discourage prospective educators, but rather help them avoid those low-quality procedures known to have contributed to miscategorization of language minority children in the past. Faulty methodology can lead to under- and overidentification, as well as improper identification, where we assume the child's handicap to be more or less severe than it actually is.

This manual's purpose is to examine promising procedures that districts can adapt to suit the special characteristics of their local bilingual population. These will include formal testing, informal assessment using a standardized procedure, and the use of parents as part of the

assessment team. The manual will also emphasize the selection of data collection methods that not only serve to identify and place students, but also have direct programming implications. This prescriptive function of assessment is stressed because of our basic belief that the critical issue facing school districts is that of providing more appropriate instruction.

An idea alluded to throughout this discussion — the sometimes frustrating results in designing assessment procedures for this special population — deserves some final comments. It can be very helpful if districts begin this process, like any new endeavor, anticipating that the initial costs in terms of time and money per child will be greater than those expended on students for whom we have established procedures. Over time, however, as the new methods are developed and refined, the process will approach the normal cost and time expectations and begin to yield more consistent results. To minimize some of the expenses involved in the evaluation design process, educators should:

1) Make sure that bilingual and special education staff review current assessment procedures to locate those steps already running smoothly.

2) Routinely collect all the student's available records for review before initiating any new testing (parents sometimes are the guardians of a wealth of previous documentation), and

3) Spend the necessary time to select the most appropriate instruments and to train personnel properly before starting the assessment; this will allow evaluation of the procedure itself rather than the contributing variables.

PRE-REFERRAL PROCESS

Central to providing the appropriate instruction is the educators' knowledge of when to adjust a child's program in the mainstream setting and when to initiate a significant change by referring the child for special education services. Having a structured process to follow in deciding such important questions can improve the teacher's effectiveness at this critical juncture.

The Pre-Referral Process described in this section is such a system. This process includes screening, data collection, and subsequent modifications to the existing instructional setting. With the Pre-Referral Process, we attempt to accommodate the child by improving upon the delivery method being used. The pre-referral approach views the classroom as an ecological system where the teacher, the student, and the curricular variables must be fully understood in order to provide for maximum student performance. When student achievement is lower than expected in this system, the learning environment is reevaluated and modifications made to remedy the situation. Only when we have exhausted the mainstream resources does referral to special education become appropriate.

The "rush to refer" that is experienced in some districts creates many problems, not the least of which is the high cost of instituting special education services that would have been unnecessary had the mainstream been more accommodating. At the same time, an accurate appraisal of the student's needs and of potential modifications to the mainstream can assist teachers in early identification of bilingual children who require special education.

The "wait and see" policy that seems especially prevalent with bilingual youngsters precludes them from the early intervention policies generally afforded monolingual, English-speaking children in the same school district. It is not uncommon for this "hands-off" period to last up to three years (or in other words, until students learn enough English to be evaluated by existing procedures). What we are really striving for is *accurate, timely* placement that avoids both extremes.

In order to engineer the most appropriate educational environment for bilingual children, we need to fully understand the variables that will contribute to their success. The following sections will explore some of the more important student, teacher, and curricula variables involved in designing programs for bilingual individuals. This discussion should suggest the kinds of information we will want to collect and consider in order to plan for each individual bilingual child.

Student Variables

As students enter a new district or a new school program, certain information is usually gathered. Sometimes this information-gathering process is synthesized into one step, but more typically there is a general school-wide screening that includes a sampling of important health and conceptual-growth indicators, followed by diagnostic tests conducted by the receiving-classroom teacher. For our purposes, we will combine these areas of testing into a phase called "Entry Level Data Collection," during which the information and data are gathered concerning the student's (1) sensory functioning, (2) general health, (3) language performance, (4) sociocultural background, (5) cognitive development, (6) academic achievement, and (7) emotional adjustment.

As will be elaborated in the later "Assessment" section, there are five general ways to gather this information: observation, interviews, record collection, formal testing, and informal testing. Any of these methods, or a combination of several, could be employed to gather the entry-level data delineated. For the purpose of the following discussion, we will set assessment methodology aside for the moment and focus on defining an adequate end product in each of the seven areas named. The sections that follow will describe the data base we must formulate in order to accurately plan or revise a mainstream instructional program for bilingual students.

Sensory Functioning Information. A student's ability to receive, organize, and assimilate information is critical to learning. It is impossible to interpret cognitive and language perfor-

mance without understanding whether some sensory impairment might be obscuring true potential. Therefore, as with all children, audiometric and visual screening emerges as an important area to examine. Having bilingual individuals trained to conduct the assessment will enhance implementation and erase any doubts about performance that could arise otherwise.

General Health Evaluation. Typically, a general health evaluation is obtained by reviewing the child's health records and by interviewing his or her primary caretaker. The common practice explores the following:

1) Possible prenatal/postnatal complications,

2) Childhood illnesses,

3) Trauma (caused by injury, severe weather, epidemics, impoverished living conditions, war, etc.), and

4) Rate of growth (height and weight comparisons).

Significant health-related problems can have a deleterious effect on the cognitive and linguistic development of children. Even when a child's poor health does not cause significant developmental delays, it can be responsible for a pattern of absenteeism that affects the level of achievement attained. With refugee and migrating children, we have special reasons to expand the health assessment beyond a cursory level because many of them have been victims of manmade or natural disasters. Another factor to consider is that health practices do vary from country to country. Even where comprehensive medical attention is available, the families' life circumstances or cultural and religious beliefs may have prevented them from using those services.

This situation may also be true of bilingual children born in the United States who come from impoverished environments. Although not all bilingual children come from refugee, migrant, or poor families, an expanded health assessment is warranted for those among them who do. If the child's primary caretakers speak a language other than English, or if health records are available only in languages other than English, then it is essential for bilingual staff to gather this information.

Language Performance Data. This section and the following one describe the entry-level data we gather to shape all of our other procedures to better provide for the characteristics of each child. The following linguistic information is very useful in that process:

1) Language(s) spoken in the home; the linguistic community of the child should be well-defined, including the regional variations or dialectal differences characteristic of the family's speech community,

2) The child's language use pattern,

3) Proficiency in the native language (degree of ability and level of development),

4) Proficiency in the second language (or in cases of multilingual individuals, the proficiency in each of the other language(s) used by the child), and

5) The child's language preference.

By measuring each of the above areas, we can choose the test language or combination of languages that will allow for the child's best performance during all subsequent evaluations.

Sociocultural Background Information. This is another area that helps us select appropriate measures and procedures for subsequent entry level testing. Our goal here is to define as accurately as possible:

1) The child's ethnic background,

2) The level of acculturation to the mainstream culture,

3) The degree to which the child maintains traditional cultural values, and

4) The socioeconomic status and composition of the child's family.

Ethnicity, socioeconomic status, family structure, and degree of acculturation determine the experiences that shape children's learning (Schumann, 1976); therefore, in order to select relevant measures — measures with the least possible bias — these characteristics must be known by those designing or selecting the assessment instruments and procedures. At the very least, results must be interpreted in a way that takes these characteristics into account. Typically, this kind of information is gathered by observing the child, interviewing the child, or, most commonly, by interviewing the child's primary caretakers (see following "Assessment" section). The bilingual/bicultural personnel who conduct this phase must be sensitive to the acceptable ways of gaining this information.

Cognitive Development Information. Districts usually have predefined levels of conceptual development and/or acquired knowledge that are expected of children at certain ages. They believe that these indicators predict success in the school program the child is scheduled to enter. If districts select universal developmental milestones (e.g., Piagetian-based stages of development) to rate children, they will have less difficulty applying their standard to culturally and linguistically different children than will those districts who select culture-bound indicators (specific knowledge transmitted to children or performance of a specific task).

Common examples of items tested in knowledge-specific conceptual screenings are tasks that seek to measure whether young children have "basic concepts," such as up/down, large/small, and before/after, or whether they can perform a task such as copying simple geometric figures. Although these items seem at first glance to be relatively straightforward, closer

examination reveals that if a highly capable child's experience did not include exposure to these items, then any assumptions based on that child's apparently poor performance would be misleading. The concepts and abilities that are valued and routinely transmitted vary widely from one culture to the next. Therefore, districts will either have to design culture-specific assessments or select more universal developmental standards. Mere translation of existing conceptual measures does not make them any more appropriate if the items included are not valued or routinely transmitted in the child's home culture.

To shed light on the true cognitive/conceptual competence of children from each bilingual group identified, districts will need to explore (with help from knowledgeable sources) the possible tasks the children might perform that would reveal such competence. Certainly, every effort should be made to select appropriate content and to administer the procedure in a manner that heightens performance — that is, in a language the child understands, in a comfortable setting, and by a competent examiner.

Academic Achievement Data. For instructional purposes, teachers need to establish entry level performance indicators in reading, mathematics, and other selected content areas. In doing this, it is important to remember that a bilingual student's achievement may not be accurately defined if we allow the student to perform only in English. Indeed, in predicting success in a second language teaching environment, one reliable indicator is the degree of achievement attained in the student's first language (Cummins, 1976; Skutnabb-Kangas, 1976; Duncan and DeAvila, 1979). The broader the sampling of behaviors across languages, the better we will understand the child's current level of academic attainment. When English is in the process of acquisition, a careful analysis of academic performance in the first language will provide information that is both quantitatively and qualitatively superior to data gathered in the weaker language.

In the area of academic achievement, the availability of a variety of assessment approaches is beneficial; in many cases, one approach may not yield the desired results and we will need ready alternatives. This can be particularly true for low-functioning children who might not perform with even minimal success on a standardized test (in the appropriate language) but who could demonstrate mastery of certain objectives with the use of a criterion-referenced system of assessment. As in the cognitive/conceptual testing area, this is a field where the test content must be carefully evaluated for possible cultural or experiential bias. Having a complete grasp of the child's linguistic, cultural, and experiential characteristics will guide us in designing the least biased procedures for measuring fully the child's achievement levels in academic subject areas.

Another factor important in measuring academic achievement is distinguishing the disadvantaged from the truly handicapped. For those children who have not achieved because of lack of opportunity to attend school, we need to structure special programs within the *regular* education setting. The fact that these children are disadvantaged and need compensatory programming does not in itself constitute a rationale for assignment to special education. Rather, this kind of programming is explicitly prohibited in Section 504 of the 1973 Vocational Rehabilitation Act (see Chapter 2).

Emotional Adjustment Indicators. Adapting to a new environment can be a stressful process. The more distance between the child's existing patterns of language and behavior and those needed at school, the more anxiety and alienation the child can experience. Certainly, not all children in the process of acculturation face emotional adjustment problems, but those who do have temporary difficulties should be understood as responding naturally to the pressures they encounter. At times, culturally different children interpret a change in structure as the absence of structure, which leads them to behave inappropriately. We need to orient these children to the new standards and help them develop the behaviors they need to succeed. At the same time, we do not want to assume this posture with children whose emotional difficulties stem from more complex causes. Family or child counseling may be warranted for children who exhibit extreme behavior (active or passive); for example, when:

1) The family expresses concern about the child's emotional health,

2) Trauma is evident in the family history (death of a family member, separation from significant others, accident, natural disaster, violence, etc.),

3) The child fails to show any signs of adaptation to the new culture even though a variety of techniques have been systematically instituted over time, or

4) The child's behavior is so destructive as to require immediate intervention by specially trained staff.

Useful information regarding the child's emotional health can be gathered at the entry-level point through observation and by interviewing knowledgeable informants (the child, the child's caretakers, sponsors, previous teachers, etc.). This information is best collected and interpreted by someone who is informed about the family's history and cultural background and who can communicate well in the language of the home (see following "Assessment" section).

Teacher Variables

Once we have a clearer picture of the student's characteristics, we are in a better position to evaluate the adequacy of the educational program's instructors. Some teacher variables that are important to consider include style, personality, expectations, interaction patterns, values, expertise and language facility, socioeconomic status, and ethnicity. Although substantial research has been conducted regarding each of these factors, we will explain the kind of influence they can have with one illustrative case that shows the importance of examining teacher variables. The research of Rist (1970) and others on student social class and teacher expectations indicate relationships between teachers' attitudes and student achievement. Children who are well-dressed, well-groomed, more fluent in standard English, and "cuter" (Ross and Salvia, 1975), for example, are apt to be evaluated more positively than children who are poorly clothed, untidy, clumsy in English, and uglier. Teachers' expectations, in turn, tend to

strongly influence the performance of their students, who live up to (or down to) those expectations. In other words, teacher expectations become self-fulfulling prophecies (Brophy and Good, 1974; Algozzine and Mercer, 1980).

In a classroom viewed as an ecological system, student performance is greatly affected by teacher beliefs and attitudes regarding learner characteristics. It is important that these attitudes be recognized if students are to achieve their maximum potential in the learning environment. Usually, teachers can become aware of the factors that affect their attitudes toward students and can appropriately modify their feelings and behavior to better serve diverse student needs. However, there are cases where students may benefit from alternative placements (e.g., the case of a monolingual teacher and a child needing bilingual instruction).

Curricular Variables

Even when student and teacher variables are controlled, a third set of variables can mar the student's chance of success: inappropriate curriculum design. One of the biggest stumbling blocks for experienced bilingual teachers is the lack of materials designed for their students' needs. To provide an adequate opportunity for children to learn, the materials must meet minimum standards in terms of relevance, organization, clarity, and presentation. In the case of Spanish bilingual programs, substantial efforts have produced materials of high quality. However, other language groups are not so fortunate. We need to refrain from blaming students or teachers for low performance when the curriculum offerings are so primitive (or even nonexistent) as to explain the underachievement. Retention and referral are totally inappropriate responses when children are systematically provided with inferior instructional programs. For children who require alternative instruction, the alternative must be as well designed and implemented as the mainstream program. This process cannot take place overnight, but while it is evolving we must recognize the effect it will have on student performance and evaluate students accordingly.

Conclusions

In this section, we have found that three major sources contribute to student performance: student, teacher, and curricular variables. All of these variables must be systematically explored in order to properly modify a child's instructional program in the regular education setting (bilingual or monolingual). The decision to refer a child to special education should stem from concrete data collected during the Pre-Referral Process that clearly reveal the child cannot be accommodated in the mainstream. Since the process is systematic, all educators can improve their ability to carry it out through specially designed district training or a personal study course that provides them with the necessary information to execute it knowledgeably. In order to identify local needs, districts and individual staff members might want to respond to the following self-study questions posed regarding the Pre-Referral Process.

SELF-STUDY

District Questions

1. What procedures are already in place to gather pre-referral data in the following areas:

   a) sensory functioning
   b) health evaluation
   c) language performance
   d) sociocultural background
   e) cognitive conceptual development
   f) academic achievement
   g) emotional adjustment

2. How can the existing procedures be modified to better account for the true abilities of bilingual children?

3. Who will administer each area?

4. What new testing must be instituted?

5. How will staff members be advised of new procedures?

6. How can standardization be achieved in implementing district procedures?

7. How will the district evaluate the effectiveness of its procedures?

8. What training will district staff need to better serve culturally and linguistically different students in the mainstream setting?

9. What curriculum needs are evident to equalize educational opportunities in alternate regular education programs?

Building Based Questions

1. Where will the collected pre-referral data be stored for common usage?

2. Who will be responsible for each phase of the data collection and storage?

3. How will the building staff modify district procedures to better suit their needs?

4. What are the training needs of the building staff to properly implement procedures?

5. What support systems are in place to help teachers accommodate students in the mainstream?

6. What accommodations have been made for parents who are limited in English proficiency?

7. How does the building tie into special district or regional services (translators, bilingual diagnosticians, etc.)?

8. What funds are available for the purchase of more appropriate curriculum materials for culturally and linguistically diverse youngsters?

9. What professional resource materials are available in the building regarding the assessment and instruction of bilingual/bicultural pupils?

10. How does the administration plan to support ongoing cooperative planning regarding the assessment and instruction of bilingual students?

Classroom Level Questions

1. How much do I know about district pre-referral procedures?

2. What can I do to assist in refining those procedures?

3. How and where can I prepare myself to more adequately assess and instruct bilingual youngsters?

4. Who can I rely on for the areas of assessment and instruction that I will be unable to implement alone?

5. Who can assist me to contact and meaningfully involve the students' parents?

6. How can I encourage the district to assist me in broadening my skills to more effectively instruct students with diverse needs?

7. How will I evaluate my own effectiveness with culturally and linguistically different youngsters?

ASSESSMENT

When a student is referred to the special education service team for comprehensive assessment, the law provides that (1) parents must be notified in their native language and their consent granted to conduct a full psychoeducational assessment, (2) the assessment developed must be nonbiased culturally, racially, sexually, and linguistically, and (3) the assessment must be multidimensional in nature.

By this point in the student's progress, much information will have been gathered during the pre-referral process described earlier. The comprehensive evaluation, however, will broaden our knowledge of the child by including more in-depth information regarding language development, academic behavior, medical status, and emotional condition.

In the previous section, five methods emerged as ways of gathering this information: observing the child, interviewing knowledgeable informants, reviewing previous records, formal testing, and informal testing. In this section, we will discuss the advantages and disadvantages of each method, as well as delineate some of the areas to be assessed that are most compatible with each technique.

Observation

Observation has been defined as "the collection of data, on a person, at a moment in time." Even regularly collected information such as number of absences or tardinesses can be considered observational data. Types of observation range from (1) informal, anecdotal records of behavior such as those found in notes that teachers may keep, to (2) more objective checklists that sample the range of a child's behavior, and to (3) formal timed samples of the frequency, rate, and duration of certain specified behaviors.

A major advantage of collecting observational data is that it can contribute to a more objective view of a student's functioning within the context of the regular classroom (be it monolingual or bilingual). For example, when a student does not finish the assigned work and seems to have a very short attention span, the teacher needs objective data to evaluate the nature and extent of the student's inattentiveness before determining possible intervention to increase attentiveness, and certainly prior to referring the student for a special education evaluation. First, the teacher must find out what observable, quantifiable behaviors the student exhibits that indicate his short attention span. Student inattentive behaviors can include getting out of the seat, gazing out the window, or looking around the room; these are observable behaviors that can be described and counted. Observations can be made at different times and within different contexts to determine whether the student's short attention span occurs in many different classes or only at certain times. If the child is inattentive in all classes, there may be significant problems of instructional methodology or materials.

The major disadvantage of this assessment approach is that it can be time-consuming to conduct continuous, systematic observations. Usually, however, instructors find that the benefits

derived from the data collected make the costly expenditure of time and energy worthwhile. Furthermore, because behavior (including academic performance indicators, work habits, and interactions with others) is culturally determined, this procedure is best conducted by someone familiar with the child's culture; this constitutes a second drawback to the observation approach. Children should be compared with other children of the same language and socioeconomic and cultural background to avoid bias in the application of the procedures.

Observation methods are useful in gathering information about (1) language use patterns, (2) language performance, (3) study skills and work habits, (4) adaptive behavior (interactions with peers, adults, and family members), and (5) manifestations of academic growth (performance in a given subject).

Interviews

Interviews are a second technique for gathering data. By interviewing knowledgeable informants such as the child's primary caretakers, sponsors, or previous teachers, we can gather useful information that might otherwise be inaccessible.

An even more powerful dimension of the interview technique when applied to language minority students from diverse cultural backgrounds is its utility in corroborating information gathered by direct methods that were developed and normed on a substantially different population (majority group children). The interview method thus allows diagnosticians to either support or seriously question otherwise tenuous results.

Problems with the technique include (1) an inability on the part of the interviewer to establish the rapport necessary to obtain accurate and complete information, (2) failure to communicate effectively in the languages required to interview knowledgeable informants, (3) the possibility of gathering excessively subjective information that does not reflect the reality of the child's situation, and (4) a refusal to participate by the parties in question because they see the process as an invasion of their privacy. Provided we anticipate these difficulties, educators can design and implement the procedure under optimal conditions that assure us our greatest chance of success.

In the interview method, as in other procedures to be described, one option available to districts is to train a team composed of a monolingual professional staff member and a translator to gather the information. This is a more cumbersome way of collecting data and may not produce the best results. In the case of low-incidence languages, however, districts often find that a lack of available personnel will compel them to implement assessment procedures in this manner. If a district plans to use a translator, positive results can be enhanced by (1) developing criteria for selecting translators, (2) providing systematic training to translators regarding the district procedures they will implement, (3) establishing rules to ensure confidentiality, and (4) training staff to function effectively as a part of a unified team. Translators must have equal status with the other professionals in order to perform up to par. Potential

abuses include (1) asking the child or a sibling to translate for the parents, (2) asking a bilingual teacher to attend a meeting to translate with no advance notice or training, or (3) choosing a neighbor or acquaintance of the family to translate, which may cause them to withhold information perceived as very personal in nature. With a little forethought and with ongoing adjustments, districts can realize acceptable results using a team approach.

Review of Previous Records

Before initiating any new testing, as a matter of course, it would be prudent to collect and review the results of all the student's previous tests. In doing this, districts can (1) locate areas adequately assessed and those requiring comprehensive analysis, (2) provide a forum for individuals with various perspectives to interpret the available information, (3) establish better linkage among departments (e.g., between the bilingual and special education departments) in the process of gathering and discussing the data routinely collected in each, and (4) allow parents the opportunity to provide districts with records they possess that relate to the child's development and current performance levels.

The principal advantages to record review are that unnecessary testing is avoided and a cooperative climate is established to procure programming in the best interests of the child.

Some obstacles are that (1) records may be difficult to obtain if the child is a recent immigrant or had attended school infrequently, (2) training must be provided to staff and parents regarding unfamiliar tests or testing procedures so that all team members can participate meaningfully in assessment discussions, and (3) a uniform format for collecting and discussing records must be established. Districts may want to merge this last step into their existing procedures in order to avoid additional meeting time that could make the process overly tedious.

The natural outcome of implementing a record-review stage is the refinement of routine district assessment procedures to become more economical and productive while reducing the testing required after referral.

Formal Testing

Formal testing includes:

1) Language proficiency tests,

2) Tests measuring academic achievement,

3) Tests that assess sensorimotor functioning,

4) Aptitude and/or intelligence tests,

5) Vocational/career assessments,

6) Adaptive behavior inventories,

7) Emotional adjustment rating devices, and

8) Comprehensive medical assessment.

When we use traditional formal tests with language minority groups who have had little (if any) representation in the construction and norming phases of those measures, we place the test subjects at great risk of being misjudged, because it is highly unlikely that their abilities will be accurately measured by such devices. Aggravating the situation further are other factors known to impede performance. Several student characteristics have proved to affect the results of standardized testing: socioeconomic status, degree of acculturation to the dominant society, linguistic differences, cultural differences, experiential differences, cognitive strategies, and test-taking abilities (Laosa, 1977; Mercer, 1972; Bernal, 1974). A further complication can arise when the child's linguistic/cultural differences cause a high level of anxiety and concern about the test. As much as possible, if we plan to include formal tests in our district assessment procedures, we must account for these variables. Where we cannot control them, we must cautiously interpret the test results and attempt to substantiate them with other less-biased approaches whenever possible.

Even when the formal tests selected *are* appropriate for the child to be tested, an additional variable must be controlled — that of examiner competency. The persons conducting the assessment of students from diverse linguistic and ethnic backgrounds must possess the skills to elicit a performance that accurately reflects the child's underlying competence. These skills include language facility in the necessary language (or combination of languages) to conduct the actual testing as well as an understanding of the child's cultural and experiential background for proper interpretation of the results.

Every area that will be assessed with formal tests deserves equal care in its design; two broad areas, however, will suffice to discuss the common concerns of diagnosticians preparing to serve our target group: (1) language proficiency testing and (2) aptitude and/or intelligence testing. These two fields have attracted special interest in recent years and produced a variety of assessment approaches.

Language Proficiency Assessment. A great deal of controversy exists over whether language proficiency can be accurately measured using structured tests that sample only certain discrete items or whether proficiency must be measured using a global and integrative approach. Those who argue in favor of the use of structured discrete-point tests claim that more valid information regarding a student's language profdiciency can be obtained when information from specific language skills is taken into account (Bachman and Palmer, in press). The use of such tests may be attractive to school districts because, in the majority of cases, it involves minimum cost in time and energy. However, those who argue against a discrete-

point approach (Oller, 1976) claim that language proficiency is a complex construct that can not be accurately appraised by a single measure, at a given time, under certain specific performance conditions. Opponents would require that language samples be taken over time in order to allow the student to exhibit a broader range of abilities.

Whichever camp you support, several points emerge undisputed by either group that are central to language proficiency measurement:

1) The definition given to language proficiency determines the tasks used to measure it. If you believe a proficient individual is one who errs little in syntax, then you will measure the accuracy of syntax production. If you believe the proficient individual is the person who knows how to use languages for different purposes (to persuade, to deny, to support, to explain, etc.), then you will construct an entirely different procedure.

2) The school's service plan for language minority students determines the proficiency areas assessed. If the school provides assistance to students who are limited speakers of English, then oral proficiency alone will be measured. If, however, services are extended to language minority students who are not limited communicatively but are limited in their use of English for academic purposes, then literacy skills will also be routinely assessed.

3) The need to assess the native language proficiency levels as well as the English proficiency levels is determined by the school's philosophy regarding native language use and development. If schools consider the use and development of the child's native language to be counterproductive to objectives in English, they will include at best a cursory measure of native language proficiency. On the other hand, if they see language proficiency as a broad construct — the aggregate of the child's abilities in the first and second languages — then they will of necessity include comprehensive measures of each language.

The above discussion should illustrate to the reader how intricately policy and procedures are interwoven. It is extremely important for districts to agree upon a definition of what constitutes limited language proficiency and to plan the services they will implement for language minority students *prior* to selecting instruments or procedures.

Aptitude and/or Intelligence Testing. For many educators, special education assessment is primarily a matter of evaluating intellectual functioning. This view is reflected in their heavy reliance on IQ scores for placement even when an abundance of other data has been collected. Since intelligence testing has become so influential in the decisionmaking process, it is no wonder that the center of the controversy surrounding assessment of language minority students has revolved around the use of IQ tests.

Previous attempts to move away from traditional intelligence measures and to better account for the linguistic, cultural, and experiential background of minority examinees have included (1) adjusting scores or renorming tests for specific ethnic populations to compensate for test bias, (2) making a general interpretation on subtests that are based more on performance than

on language, (3) translating tests or importing tests in the native language, and (4) constructing "culture-free" instruments. All of these procedures have received strong criticism.

Those opposed to the first technique feel that simply renorming a test that includes biased items does not improve the test or even change it. Some claim that an inherent racism exists in "lowering" or "adjusting" norms rather than correcting the test (DeAvila and Havassy, 1974a, 1974b). More important, perhaps, is the fact that lowering norms can lead to a decrease in the test's discriminant power. Opponents to the second alternative feel that basing a general interpretation on performance subtests is a limited alternative that fails to incorporate the relevant linguistic and ethnographic variables into the testing situation.

Those who reject the use of translations do so on the basis that translation does not change the cultural content of the original items. Moreover, the use of a formal language style, which is common in such translations, will discriminate against examinees who speak a dialectal or regional form of the language. Test importations, in addition to using a formal style, contain items that relate to the experiences of children raised in a totally different environment. Such tests do not account for the child's experiences or language use any better than the translated tests. Developing "culture-free" tests has not met with much success either. Many feel that the content and application of any examination is culture-bound by design. Therefore, critics assert that it is virtually impossible to construct an instrument capable of measuring intellectual ability while transcending culture.

These past attempts have been for the most part discarded. It is thus imperative for educators who wish to protect linguistic and culturally different populations to identify alternative evaluation procedures that will accomplish an unbiased assessment of intellectual functioning. Three such alternatives to be discussed in this section are (1) the System of Multicultural Pluralistic Assessment (SOMPA), (2) the Learning Potential Assessment Device (LPAD), and (3) the Piagetian-based assessment.

The first alternative, SOMPA, was developed by Jane R. Mercer and June F. Lewis. Their system of evaluation is based on a convergence of three conceptual models of evaluation: a medical model, a social systems model, and a pluralistic model. The medical model of SOMPA includes physical dexterity tasks, the Bender-Gestalt Test, a health history inventory, a visual acuity test, an auditory acuity test, and a weight-to-height ratio. The medical model seeks to find any biological or physical dysfunctions that could be causing the observed deficiencies.

The second of SOMPA's models is the social systems model, which attempts to pinpoint any deviation in the child's behavior from various social norms and to ascertain whether the deviation is causing learning difficulties. The model is multidimensional in that there are norms established for each role in each social system. Unlike many behavioral measures, the model identifies strengths as well as weaknesses.

The social systems model consists of two measures — the WISC-R (Weschler Intelligence Scale for Children — Revised) and the ABIC (Adaptive Behavior Inventory for Children). The

WISC-R correlates with successful performance in the social system of the school, whereas the ABIC measures the child's performance in the family, community, and peer group. In ABIC, the child is assessed from the family's viewpoint in nonacademic school roles, self-maintenance roles, and earner-consumer roles.

Although all the diagnostic steps are essential, the adaptive behavior scale plays a very important part in assessment. ABIC was originally formulated because conventional tests that failed to look at the student in a variety of social systems were producing negative and misleading results. Traditional intelligence testing focused only on the student in the public school system, where the norms favored standard English speakers and students knowledgeable in Anglo core culture. Enlarging the focus to consider other social systems allows a better representation of the various roles performed by the child as learned through a specific cultural medium.

Documented studies have shown that when assessment batteries were modified to include the adaptive behavior measure, the fewest number of minority students were placed in special programs. Furthermore, the full scale IQ model classified students as mentally retarded three times more often than a pluralistic model that included the adaptive behavior scale. The psychometric model — full scale IQ test, achievement scores, visual-motor tests, and verbal performance measures — without the adaptive behavior measure placed twice as many students as the pluralist model (Fisher, 1977). These findings are especially significant in testing minority students with low socioeconomic status.

SOMPA's third model looks comparatively at the child's performance by contrasting it with that of children from similar sociocultural backgrounds to screen for possible deficits. The pluralistic model consists of four sociocultural scales: urban acculturation, socioeconomic status, family structure, and family size. These factors place the child in a sociocultural group. The test results are then interpreted against pluralistic norms based on the distribution of scores for persons from a comparable sociocultural background. A determination of whether the child possesses normal, above average, or subnormal learning potential would be based only on a comparison with the range of scores that emerge for that group most like the child. For example, on the WISC-R the child would be designated as intellectually subnormal only when scoring in the lowest 3.0% for his/her own sociocultural group.

SOMPA represents a broad-based evaluation that attempts to minimize discrimination while maximizing the potential for diagnosing the child's strengths and weaknesses. By gathering a wider range of information, SOMPA also leads to designing an effective Individualized Education Program (IEP). Traditional IQ tests are not diagnostic, making them of little use for instructional purposes.

For limited English speakers, however, SOMPA is only part of the answer to the multidimensional measure of intelligence required under P.L. 94-142. Although some medical and behavioral information is gathered in the child's native language, SOMPA does not directly assess the child in his/her primary or functional language unless that language is English.

SOMPA can account for the cultural differences of certain minority children, but the language level used in the battery does not allow for an accurate appraisal of limited English speaking minority children. SOMPA, then, should be administered only if the child has the necessary English language skills to perform on the tests.

A second alternative is the Learning Potential Assessment Procedure developed by Budoff (1968) and his associates, which uses a three-stage procedure of pretest, training session, and post-test to measure ability. The degree to which a student improves on the post-test, based on strategies learned during the training session, would reflect that child's learning potential. This training-based procedure shows promise of providing a "culture-fair" assessment of ability by enabling the minority student to reorient his/her problem-solving capabilities to the demands of the test's middle-class-biased procedures. In addition, embedding the test in this competence-enhancing learning situation can help youngsters cope with the anxiety generated by the test situation.

This procedure has recently received special attention in the field of bilingual education because of the work of Reuven Feuerstein, an Israeli clinical psychologist experienced in using the technique with linguistically and culturally different adolescents. His system, the Learning Potential Assessment Device (Feuerstein, Rand, and Hoffman, 1979), seeks to determine the degree to which the individual can be modified; the system involves (1) establishing the manifest level of functioning, (2) teaching the child to correct faulty cognitive processes, and (3) measuring both the degree of change achieved and the investment necessary to achieve the modification. It is a welcome relief to those disillusioned with the traditional, rigid IQ concept because it affirms the plasticity of intelligence rather than the inescapable consequences of poor performance on traditional measures.

A third alternative is the Piagetian-based assessment. According to DeAvila and Havassy (1975), the value of this approach with minority group children is that research results suggest similarities in the cognitive development of children from diverse cultural backgrounds when assessed by their performance on Piagetian tasks. Whereas use of traditional IQ measures creates predictable differences in the scores of majority and minority children, no such meaningful differences emerge with Piagetian-based measures, making them more accurate representations of those youngsters' abilities.

The three measures described above are some of the testing alternatives that, when compared with traditional measures of ability, proved more valid and less biased against children of diverse linguistic and cultural backgrounds. Certainly, an attempt should be made to include tests such as these in the comprehensive evaluation design rather than continue to use inadequate traditional IQ measures alone.

Informal Testing

The last method to be discussed for gathering data is informal testing, which commonly occurs in the classroom setting where the instructor routinely samples student performance

using a variety of informal techniques. For our purposes, informal testing includes all tests that are not standardized or norm-referenced. Some common examples are informal reading inventories, cloze procedures, miscue analyses, criterion-referenced tests, mastery tests based on grade level or course objectives, and task analyses.

Informal testing has several advantages: (1) It does not compare the child's performance to the performance of others but rather tries to locate it on an objective skills continuum and to chart individual progress, (2) the techniques are very diagnostic-prescriptive in nature, which helps define an instructional plan of action, (3) the procedures can be implemented using any language or combination of languages, (4) the methods are less intimidating than formal tests because they are used routinely by the child's teacher in a familiar setting, and (5) they can be structured to measure more subtle changes in performance than do standardized tests. Its drawbacks are that (1) instructors are often inadequately prepared to construct valid informal measures, (2) it is more time-consuming to plan instruction based on individual assessments than to teach predetermined grade level subject matter, (3) decisionmakers are sometimes reluctant to place value in locally developed assessment procedures, and (4) informal testing generally requires a commitment to ongoing assessment, whereas norm-referenced testing typically occurs only once or twice a year.

For teachers of language minority students, informal testing provides an opportunity to define our instructional objectives, initiate instruction at a meaningful juncture in the appropriate language, and proceed to base our program on the needs of the individual. In order for districts to use informal procedures effectively, they should:

1) Train instructors to implement selected procedures in a similar fashion to provide for uniformity,

2) Review instructional objectives for their appropriateness with language minority students,

3) Select the areas to be assessed by informal measures, and

4) Choose the personnel who will oversee the collection and reporting of data gathered in this manner.

Conclusions

In this section we have seen that five methods are available for gathering the information needed to assess a bilingual child referred to special education: observation, interviews, review of records, formal testing, and informal testing. Districts in the process of formulating or revising their assessment procedures for language minority students might find the list of recommended bibliographic resources on testing and the self-study that follow helpful to them in that process.

RESOURCES IN TESTING

Assessment Instruments in Bilingual Education: A Descriptive Catalog of 342 Oral and Written Tests. Center for Bilingual Education, Northwest Educational Laboratory, National Dissemination and Assessment Center, California State University at Los Angeles, 5151 State University Drive, Los Angeles, CA 90032. 1978.

Bilingual Special Education Assessment Handbook (A). National Hispanic Center for Advanced Studies and Policy Analysis, 255 E. 14th Street, Oakland, CA 94606. (415) 451-0511. 1982.

Bilingual Testing and Assessment. Proceedings of BABEL Workshop and Preliminary Findings Multilingual Assessment Program. BABEL Inc., 255 E. 14th Street, Oakland, CA 94606. (415) 451-0511. 1971. Test-by-test summary of the discussion and conclusions reached during the workshop sessions.

Communication Assessment of the Bilingual Bicultural Child: Issues and Guidelines. Edited by Joan Good Erickson and Donald R. Omark, University Press, 300 N. Charles Street, Baltimore, MD 21201. (800) 638-7511. 1981.

Culturally Appropriate Assessment. A Source Book for Practitioners. By Andrea Carroll, Gabriele Gurski, Kirsten Hinsdale, and Keren McIntyre, California Regional Resource Center (CRRC), University of Southern California, 600 S. Commonwealth Avenue, Suite 1304, Los Angeles, CA 90005. (213) 381-5231. 1977.

Educational Testing Service Test Collection. Test Collection, Educational Testing Service, Princeton, NJ 08541.

Bibliographies for:

Special Populations:
- American Indians
- English as a Second Language
- Spanish Speakers, Preschool-Grade 3
- Spanish Speakers, Grades 4-6
- Spanish Speakers, Grades 7 and Above

Miscellaneous:
- Culture-Fair and Culture-Relevant Tests
- Piagetian Measures
- Other

Evaluation Instruments for Bilingual Education: An Annotated Bibliography. Dissemination and Assessment Center for Bilingual Education, Education Service Center, Region XIII, 7703 N. Lamar Boulevard, Austin, TX 78752. 1977.

Guide to Assessment Instruments for Limited English Speaking Students (A). By Barbara P. Pletcher, *et al.*, Santillana Publishing Co., 575 Lexington Avenue, New York, NY 10022. 1978.

Initial Screening and Diagnostic Assessment of Students of Limited English Proficiency. National Dissemination and Assessment Center, California State University, Los Angeles, 5151 State University Drive, Los Angeles, CA 90032. 1980.

Manual for Identification of Limited-English Proficiency Students With Special Needs. By Alba M. Ambert, Jean Greenberg, and Sandra Pereira, Bilingual Multicultural Special Education Project, Massachusetts Department of Education, Division of Special Education, Bureau of Program Development and Evaluation, 31 St. James Avenue, Boston, MA 02116. March 1980.

Psychological Assessment for Hispanic Children. By Dr. Ricardo Figueroa, The National Hispanic Center, 255 E. 14th Street, Oakland, CA 94606. 1982. (Topics covered are: Education and Hispanics, Culture and Testing, Adaptive Behavior and Culture, IQ and Intelligence, Criterion Reference Testing, The Law & Psychological Testing, Bilingual Children's Test Performance, Mental Abilities of Hispanic Children, Bilingual Special Education, and Bias in Testing Bilingual Children.)

Resource Guide to Multicultural Tests and Materials. By Lorraine T. Cole and Trudy Snope, ASHA, September 1981, pp. 639-44.

A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students. Vol. III B. Evaluating the Non-English Speaking Handicapped. FDLRS Clearinghouse/Information Center, Florida Department of Education, Bureau of Education for Exceptional Students, Knott Building, Tallahassee, FL 32301. (904) 488-1879 (Suncom 278-1879). 1982.

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April 1982; edited September 1982.

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SELF-STUDY

District Questions

1. Is the general assessment procedure for determining special education needs well-defined?

2. Are district personnel aware of the steps in the procedure?

3. What steps could remain largely unchanged and yet adequately measure language minority students' competence?

4. What steps need major modifications in order to accurately assess language minority students?

5. How and where can district personnel learn of alternative procedures?

6. Who should oversee this process?

7. Is the district willing to include assessment methods other than formal measures as a part of the procedure?

8. What methods correspond best to district objectives?

9. Are teachers trained to implement instruction based on the results of commonly conducted assessment?

10. Are parents an integral part of the assessment team?

11. Are parents given adequate training to fully understand the decisions made subsequent to the assessment of their child?

12. What is the district's commitment to devising and implementing less biased procedures with language minority students?

13. How can district policies assist in shaping more adequate data collection efforts?

14. How will the district evaluate its design over time?

Building Based Questions

1. Have building staff been trained to implement district assessment procedures?

2. What building personnel will routinely be involved in the multidisciplinary assessments of language minority students?

3. How will these people be trained to function effectively as a team?

4. Who will have primary responsibility for overseeing the procedure and maintaining ongoing communication with the home?

5. What alternative methods are available for gathering data if initial results are questionable?

6. What assistance is available to building staff who wish to learn more efficient ways of assessing language minority students?

7. What weight will each area assessed carry in the final placement decision?

Classroom Level Questions

1. What do I know about the factors that affect test performance for language minority students?

2. What concrete, affirmative steps can I take to affect both district-wide and building-level policymaking regarding comprehensive assessment procedures?

3. What assessment techniques would provide the most direction for me as an instructor?

4. In what ways could I serve best on the assessment team?

5. What local training is available to help me improve my assessment knowledge and skills?

6. Who can I rely on to assist me when contacting LEP parents?

Chapter 5.

PARENTAL INVOLVEMENT

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INTRODUCTION

In this chapter, we will consider the needs, rights, and responsibilities of the primary caretakers of exceptional bilingual children, using the term "parent" to mean the individual who accepts responsibility for parental duties in raising and caring for the child. It is important to remember that for special groups of children — migrant or immigrant children, those whose family structures are changing, and those from homes in which both parents work — no assumption should be made regarding the child's principal caretaker until the home has been visited at least once. The person who cares for, interacts most with, and assumes responsibility for the child would be the best choice for ongoing contact with the school. The child's family is in the best position to name a contact person from among its members and should be consulted directly.

Keeping this definition in mind, this chapter will discuss the following with regard to parental involvement:

1) The needs and rights of parents of exceptional bilingual children,

2) The factors that, when considered in planning special education services, affect the achievement of active parental participation,

3) The various roles parents can assume to help implement their child's individual educational plan, and

4) Various strategies that districts might use to foster active parent participation.

THE NEEDS AND RIGHTS OF PARENTS

One of the major advantages of the passage of P.L. 94-142 (see also Chapter 2) is the establishment of explicit provisions safeguarding parents' rights. These provisions stem from the expressed needs of concerned parents of handicapped children as well as from educators who support more meaningful involvement of parents in planning and performing special education services.

The due-process safeguards required by P.L. 94-142 include:

1) Prior notice to parents in their native language before special educational diagnoses are made,

2) Also in the parents' native language, prior notice of and consent to any change in the child's program,

3) Opportunity for parents to examine all relevant records pertaining to the identification, evaluation, and educational placement of the handicapped child,

4) The right to obtain independent evaluations of their children,

5) A chance to present complaints on matters pertaining to the special education process,

6) The right to attend all meetings in which their child's education is discussed and to approve or reject the individual educational program (IEP) developed for the child; interpreters, if needed, should be made available, and

7) The right to appeal educational decisions made through impartial due-process hearings conducted by the state educational agency; parents can be represented in the hearing by counsel, can present evidence, and retain the right to appeal the decision.

Even though the design of P.L. 94-142 and the resulting IEP process call for active parent participation, this participation often does not occur in any meaningful way. In many cases, the educator's involvement with the family springs from the motive of legal compliance rather than from the belief that such involvement can improve the process. Indeed, some educators see P.L. 94-142's requirements as an interference that hampers their performance.

Because parental participation requires substantial effort on our part to achieve, it is important to remember why this philosophy has been embraced in special education laws and policies. Individuals in a free society have always had the right to be informed and to be heard before significant changes are made in their status. Referral, assessment, and subsequent placement in special education are such changes. Therefore, involving parents in the decisions we are making about their child is not a favor we bestow, but an undeniable right. Parents who are already oriented to this way of thinking, speak the language of the school, and are experienced in manipulating such a system need few cues to become meaningfully involved. However, other parents will need more aggressive initial outreach efforts if they are to assume their role well. This is frequently, but not always, the case with the parents of exceptional bilingual children. If we look at some of the factors that contribute to active parental participation, it will be easier to understand why this might be so.

FACTORS THAT AFFECT ACTIVE PARENTAL INVOLVEMENT

Language facility is a powerful factor affecting parent-school partnerships. If parents are limited in English proficiency, the school has a responsibility to inform them in their primary language and to obtain their consent for special education assessment, placement, and programming. Many times, while the letter of the law might be met, its spirit is not fulfilled. Some parents are not adequately trained to accept their role and do not comprehend the nature of the assessment being conducted or the subsequent placement decisions being made. Most of all, being unaware of the totality of their due-process rights, they cannot exercise them when necessary. The school-parent relationship then becomes one-sided and dependent (the parent must rely on the good will and competence of school personnel), rather than functioning as a symbiotic system of checks and balances that emphasizes the best interests of the child.

Besides the language spoken in the home, several other parent characteristics affect the ease with which parent participation is achieved — their degree of familiarity with the American educational system (including their knowledge of the scope and purpose of special education), the tradition of the family's ethnic community with the school, differences in the way the family's cultural community responds to handicapped individuals, the family's socioeconomic and educational background, and parental aspirations for the child. Each of these factors must be considered if we sincerely desire a successful partnership with the home. Empowering all parents to perform their role successfully demands a differential training investment based on these parent characteristics. When possible, persons who can communicate effectively in the language of the home should conduct parent-school meetings in that language. Systematic training should be provided to parents in their primary language so that they are familiar with the process before it occurs and are fully informed of their corresponding rights and responsibilities.

School personnel should respect and accept the family's wishes for the child and make every attempt to accommodate the best thinking of the parents as nonjudgmentally as possible. An open climate is essential for all parties to freely express their ideas and opinions and to foster diverse solutions to complex problems.

IMPLEMENTING INDIVIDUAL EDUCATION PROGRAMS: ROLES PARENTS CAN ASSUME

The parents' traditional role is one of interested bystander; intervention in the delivery of educational services is generally requested only when the child needs "outside" assistance or "reinforced" discipline. In some educational systems, parents and schools have considerably expanded this role to include ongoing parent participation in the delivery of instruction, support networks with other parents, and parental education and enrichment training sponsored by the school. Other systems foster active parent involvement in policymaking and program evaluation.

The parents of exceptional bilingual children could assume all of these roles if the barriers that restrict their participation were systematically removed. At the same time they must, of their own volition, define the extent and nature of their participation. Our greatest contribution as educators lies in helping parents realize their goals and in providing support and training to parents who need such services. Groups that might need specialized services include parents of children with the more severe handicaps, parents who have recently arrived in the community and are unfamiliar with local services, and parents who do not fully understand or accept their child's handicapping condition.

STRATEGIES TO FOSTER ACTIVE PARENT PARTICIPATION

Parents are more likely to participate actively when districts implement strategies such as:

1) Increasing the number of bilingual individuals among personnel who routinely interact with parents (attendance clerks, secretaries, psychologists, social workers, instructors, etc.).

2) Coordinating more effectively with other agencies that provide services to the family (social service agencies, clinics, diagnostic centers, rehabilitation centers, etc.).

3) Requiring changes that will give bilingual parents access to the same services as monolingual parents (counseling, adult education programs, etc.).

4) Avoiding educational jargon that has little if any meaning to lay persons, while at the same time delivering honest, complete information.

5) Training staff to interpret parental behavior in the appropriate social and cultural context, and

6) Allowing parents to determine the nature and extent of their participation rather than having the school set those levels.

SELF-STUDY

1. What district policies are written to protect LEP parents' due-process rights?

2. How are LEP parents involved in assessment, placement, and program decisions?

3. Who is responsible for contacting LEP parents and designing comfortable, productive home-school interactions?

4. Are the needs of bilingual parents of exceptional students well-defined?

5. What strategies could be employed to improve home-school partnerships?

6. What training is available to LEP parents to improve their knowledge and skills in assuming their responsibilities for their handicapped child?

7. What training is available to district personnel to enhance their knowledge and skills in working with LEP parents?

8. What roles can parents assume in providing for their child's instructional needs?

9. What links have been established between the agencies providing services to the family?

10. Is information provided in the native language when necessary?

Chapter 6.

PROGRAM OPTIONS FOR EXCEPTIONAL BILINGUAL STUDENTS

INTRODUCTION

In districts across the country, nonbiased assessment of ethnolinguistic minority students for possible handicaps has become an area of great concern, and because districts are held legally accountable for the decisions they make regarding placement, this concern is warranted. Yet beyond assessment lies an area with even greater implications for childrens' futures — that of the intervention programs we design. Having children properly assigned to programs is fundamental, but the practical challenge facing districts is formulating the subsequent educational programs and preparing the staff to deliver these programs.

For that reason, this chapter will discuss the development of individual education programs (IEP's) for culturally and linguistically different students and the available program models that districts can use to deliver the services delineated in their IEP's.

IEP PROCESS FOR ETHNOLINGUISTIC MINORITY STUDENTS

A basic premise of the following discussion is that the IEP directs both the services received by exceptional students and the later evaluations of student performance and program success. This comprehensive management function resulted purposefully from the creation of the IEP requirements in P.L. 94-142.

The IEP is developed by a team or committee including:

1) A representative of the educational agency (other than the child's teacher) who is qualified to supervise special education; this is often the school principal or the director of special education,

2) The child's teacher or teachers,

3) One or both of the child's parents or guardians,

4) The child, when appropriate,

5) Other individuals, at the request of the agency or the parents; these might include a speech therapist, physical therapist, social worker, bilingual specialist, or counselor, and

6) A member of the evaluation team, usually a school psychologist.

Present Level of Performance

An IEP consists of several sections that together attempt to give an accurate picture of the child's current performance and the progress expected in one school year. The first section is

called the present level of performance section; it summarizes, in either narrative or list form, the student's strengths and weaknesses as identified by the evaluation data. The federal interpretation guidelines suggest (*Fed Regist.*, 1981, pp. 5469-70):

1) The statement should accurately describe the effect of the child's handicap on the child's performance in any area of education that is affected, including (a) academic areas (reading, math, communications, etc.) and (b) nonacademic areas (daily life activities, mobility, etc.).

2) The statement should be presented in the form of objective, measurable terms to the extent possible. Data from the child's evaluation would be a good source of such information, and test scores that are pertinent to the child's diagnosis might be included when appropriate, however, either the scores should be self-explanatory (i.e., they can be interpreted by all participants without the use of test manuals or any other aids) or an explanation should be included. Whatever test results are used should reflect the impact of the handicap on the child's performance.

3) A direct relationship should exist between the present levels of educational performance and the other components of the IEP. Thus, if the statement describes a problem with the child's reading skill and points to a deficiency in a specific reading skill, this problem should be addressed under both (a) goals and objectives and (b) specific special education and related services to be provided to the child.

Chapter 4 described procedures for gathering accurate performance data for exceptional bilingual students. The statements made in the IEP regarding student performance levels should be based on the most multifaceted assessment possible. If the assessment is inadequate, then the goals and objectives of the IEP will be misdirected.

Annual Goals

The second section of the IEP contains the annual goals. These statements arise directly from the present level statement and indicate the progress expected for that student during one school year.

Federal guidelines state (*Fed Regist.*, 1981, p. 5470):

> The statutory requirement for including annual goals and short-term objectives and for having at least an annual review of a handicapped child's IEP provides a mechanism for determining (1) whether the anticipated outcomes are being met and (2) whether the placement and services are appropriate to the child's special learning needs.... However, the goals and objectives in the IEP are not intended to address the specifics that are traditionally found in daily, weekly or monthly instructional plans.

According to the guidelines, annual goals and short-term objectives should:

1) Relate directly to the current levels of educational performance and to the special education instructional plan,

2) Serve as the basis for developing a detailed instructional plan, which usually includes the specific methods, activities, and materials that will be used in accomplishing the objectives, and

3) Set the general direction for implementation in working with the child.

The present level statement represents the instructional starting point, while the annual goals represent the instructional termination point for the year (Turnbull, Strickland, and Brantley, 1982).

The formulation of pertinent annual goals for culturally and linguistically different exceptional students depends on the knowledge and training of the IEP committee. To write meaningful annual goals, members of the IEP team must be familiar with language acquisition, language differences, cultural differences, regional variations in language, the effect of socioeconomic levels, differences in cognitive styles, and attitudes and lifestyles (Ayala-Vázquez, 1978).

The provision of adequate services, the direction of ongoing instructional planning, and the evaluation of student performance all hinge on the adequacy of the annual goals. For ethnolinguistic minority students, annual goals should include those related to:

1) First and second language development,

2) Remediation of academic or sensorimotor deficits (using the appropriate instructional language), and

3) Other requirements such as speech and language services, art or music therapy, counseling, and adaptive physical education (all provided in the appropriate language).

Short-Term Objectives

The third component of the IEP, the short-term objectives, are the bricks that fill in this framework (*Fed. Regist.*, 1981, p. 5470):

> ...measurable, intermediate steps between a handicapped child's present levels of educational performance and the annual goals that are established for the child. The objectives (a) are developed based on a logical breakdown of the major components of the annual goals, and (b) can serve as 'milestones' for indicating progress toward meeting the goals.

IEP objectives, like objectives in an instructional plan, are used "(1) to describe what a child is expected to accomplish in a particular area within some specified period of time and (2) to determine the extent to which the child is progressing toward those accomplishments" (*Fed. Regist.*, 1981, p. 5470). The major difference between IEP short-term objectives and those included in an instructional plan is the amount of detail. IEP objectives provide an indication of progress toward meeting annual goals and are usually projected on a quarterly or semester basis, whereas the objectives in instructional plans deal with specific outcomes to be accomplished on a daily, weekly, or monthly basis (*Fed. Regist.*, 1981, p. 5470; Turnbull, Strickland, and Brantley, 1982).

Central to the development of precise short-term objectives for exceptional bilingual students is information such as:

1) The person responsible for implementing each objective when various instructors are involved.

2) The specific instructional strategies that will be employed (those that take into account all learner characteristics including linguistic facility, academic skills level, modality, and cognitive style preferences).

3) The language of instruction.

4) Any specialized curriculum materials that will be used (materials designed for culturally and linguistically diverse handicapped populations).

5) The motivators or reinforcers selected because of their compatibility with the learner's cultural and experiential background, and

6) The evaluation method planned.

The IEP must incorporate the appropriate objective criteria and the evaluation procedures and schedules for determining, at least annually, whether the short-term instructional objectives are being achieved (*Fed. Regist.*, 1977, p. 42491). In the case of language proficiency, growth might be evaluated more frequently, since proficiency levels can change significantly in a short period of time. Evaluation should be an ongoing process and can be written into the short-term objectives or listed separately.

The IEP's Role in Placement Decisions

As we have seen, the IEP states the child's specific learning problems, how these problems will be remedied, how long the program will last, and what criteria will be used to decide whether the child's needs were met. Based on a handicapped child's individual needs, a decision is made as to the most appropriate program option. The IEP document must include the specific special education placement and the related services needed to provide the child

with a proper education. As will be seen in the next section of this chapter, exceptional bilingual students should have access to a continuum of placement options. From this range of possible placements, the least restrictive and most productive placement will be selected and noted on the child's IEP.

Frequently, the concept of "least restrictive environment" (LRE) is ignored when placement decisions are being made for children with limited English-speaking abilities. At times, students are placed full-time in bilingual education programs with the hope that putting the child in a class with a teacher who speaks the child's native language will, in and of itself, remedy the deficient conditions. In other cases, placement in an all-English special education environment fails to account for the child's cultural and linguistic characteristics. Since neither environment meets the total needs of the child, the treatments are equally inadequate.

The IEP is a useful tool for communicating the proposed learning environment to parents and assuring them that the services needed by the child for an appropriate education are provided. Should the initial placement prove unproductive or the child change schools, the IEP provides the necessary information to either continue or modify the intervention program.

In addition to the basic services provided, many students will require supplemental related services, defined by P.L. 94-142 (*Fed. Regist.*, 1977, p. 42479) as:

> ...transportation and such developmental, corrective, and other appropriate supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

The IEP must also include a statement indicating the extent to which the child will participate in the regular classroom and a statement of the projected date for initiation and expected duration of services.

The IEP is a tool to ensure that the relevant services are supplied to exceptional children. When writing IEP's for ethnolinguistic minority children, districts have the opportunity to reflect their best judgments and earnest efforts to meet unique student needs. As stated in Chapter 2, the courts are now reviewing bilingual student IEP's and holding districts accountable for the adequacy of the placements, the intervention programs, and the personnel who deliver them. Districts can respond to that challenge most effectively where there is a conscious, ongoing effort to improve their services for this special population.

Parental Involvement in the IEP Process

A final point that needs to be considered regarding IEP development is parental involvement in both the writing and approval of the IEP (see also Chapter 5). The IEP process all too often "happens" to limited English proficient (LEP) parents. They are informed in overly simplistic language of the district's desire to "help their child" and have little choice but to accept the benevolence of the "experts." This description is not meant to harshly condemn the responsible personnel; rather, it describes the inevitable result of conducting the IEP process as if the parents were proficient in English and acculturated to the American school system. As the process unfolds, frustration is felt by all parties because of the lack of a meaningful dialogue.

Districts can accomplish a more cooperative effort by considering the following areas where barriers arise that could impede the desired exchange:

1) Language in which contacts and meetings will be conducted (selection being made for maximum parent input),

2) Location of meetings (alternative locations such as the parents' home, a community center, or a similar location could be considered),

3) Time of meetings (evening and weekend times might be more accessible to working parents),

4) Childcare support (parents of large families have real difficulties in accommodating all of their responsibilities and attending meetings in addition),

5) An orientation to American education, including an introduction to the rationale for special education services,

6) Prior training in the IEP process, so that parents are familiar with it before they enter it,

7) A presentation of options at all meetings, rather than a finalized program that the parents must accept or reject, and

8) Exclusion of terminology, both in conversations and in written forms, that prohibits a complete understanding of what is being discussed.

While all of these items may not be necessary for every LEP parent, they represent some of the areas where careful planning could allow parents to fully exercise their rights and fulfill their responsibilities to their handicapped child. Certainly, this is the objective of all districts that conduct the IEP process.

DESIGNING INSTRUCTIONAL ENVIRONMENTS FOR EXCEPTIONAL BILINGUAL STUDENTS

Introduction

Although both the bilingual (or English as a second language) department and the special education department are responsible for exceptional bilingual children, the major accountability (both legal and ethical) lies with special education services. As with any child who requires services significantly different from those available in regular education settings, exceptional bilingual children must have access to all special education services. At the same time, having access to them should not preclude them from bilingual or ESL assistance. Bergin (1980) explains the division of responsibility for bilingual youngsters:

> Minority language children are not necessarily exceptional or handicapped children. Although they may be entitled to a bilingual or English-as-a-second-language program in order to learn to their full capacity, such programs are not considered special education programs. However, these same children may also be handicapped or exceptional and thus entitled to both bilingual assistance and special education services. In either case, their linguistic abilities must be taken into account.

The effective merging of these services requires the creation of a unified entity rather than the sum of two mutually exclusive efforts. In other words, bilingual services that do not account for the exceptionality are ill-defined, as are special education programs that do not consider cultural, linguistic, and experiential differences.

Cooperative planning and consolidated efforts on the part of both departments lead to the most advantageous learning environment for the student. This does not necessarily mean that both departments will deliver services; the role of one could be limited to consultative assistance. Whatever functions are assigned to each department, the emphasis should focus on well-articulated services delivered through a skilled service provider who relates well and communicates easily with both the child and his/her family. Each district should explore the possible ways that the two departments can jointly serve the child and his family.

This section will (1) delineate a continuum of placement options, (2) describe models for service delivery based on different staffing patterns, (3) present factors to consider in determining the language of instruction, and (4) discuss the roles parents can assume in facilitating the instructional program.

Placement Options

As the multidisciplinary team is developing the IEP's described in the last section, it must also determine how and where the program can be provided. A number of special education administrative arrangements or service delivery models are possible.

Even before the provision of special education in the "least restrictive environment" became legally required, various options of service delivery had been proposed (Deno, 1970; Reynolds, 1962) that were called the "continuum of services" or "cascade" model (see figure on next page). According to these models, services range from full-time placement in the regular classroom to full-time placement in a restricted special education program.

Applied to bilingual youngsters, the service options (least restrictive to most restrictive) are:

1) Regular classroom placement (bilingual or monolingual) with special materials, equipment, and consultation provided to the teacher by knowledgeable special education personnel.

2) Regular classroom placement (bilingual or monolingual) with support services provided directly to the child. These support services might include speech and language therapy, physical therapy, or counseling in the most appropriate language.

3) Regular classroom placement (bilingual or monolingual) with part-time placement in a resource room where the child will receive special instruction. The resource room would plan for both the handicapping condition and the linguistic and cultural characteristics of the child.

4) A special educational program that is substantially separated from the regular school program — that is, its students receive most of their educational programs in the special self-contained classroom, although integration or mainstreaming in the regular program (bilingual or monolingual) may be part of the child's program. Again, the special education placement would accommodate all relevant child characteristics, using a bilingual approach when appropriate.

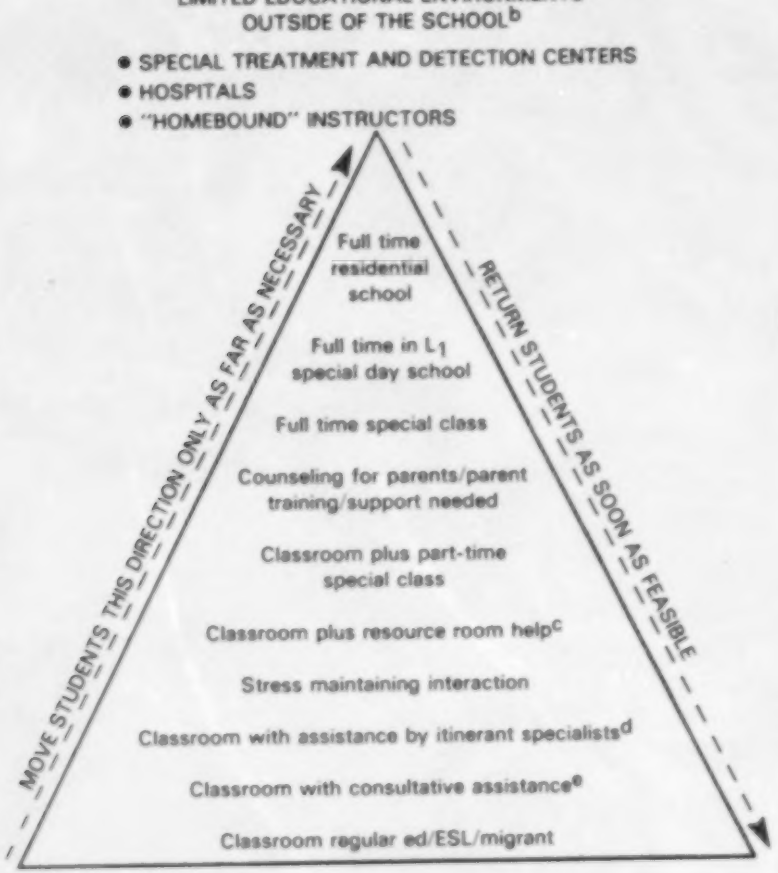
5) Placement in a special public or private day school program, separated from the regular educational program (with a bilingual approach employed as needed).

6) Public or private residential school program where the child receives a total, round-the-clock program tailored to meet all of his/her linguistic, academic, emotional, and personal needs.

In addition, home or hospital programs might serve those children whose illnesses could prevent them from attending school for an extended period of time. In these programs, an itinerant home or hospital special education teacher would perform the services.

A basic assumption of the cascade of services model is that placements are not permanent. A student is placed in special settings only when necessary and is moved from more restrictive to less restrictive settings whenever practical. Another assumption of this model is that regular classrooms can be adapted to serve most handicapped children with support services pro-

THE ORIGINAL SPECIAL EDUCATION CASCADE[a]


LIMITED EDUCATIONAL ENVIRONMENTS OUTSIDE OF THE SCHOOL[b]
• SPECIAL TREATMENT AND DETECTION CENTERS
• HOSPITALS
• "HOMEBOUND" INSTRUCTORS
MOVE STUDENTS THIS DIRECTION ONLY AS FAR AS NECESSARY
RETURN STUDENTS AS SOON AS FEASIBLE
Full time residential school
Full time in L1 special day school
Full time special class
Counseling for parents/parent training/support needed
Classroom plus part-time special class
Classroom plus resource room help[c]
Stress maintaining interaction
Classroom with assistance by itinerant specialists[d]
Classroom with consultative assistance[e]
Classroom regular ed/ESL/migrant

[a] Source: Reynolds and Birch, 1982.

[b] This special set of environments is included here in set-aside fashion because students are usually placed in these settings for reasons other than educational. For example, they go to detention centers on court orders due to conviction of some criminal offense, or they go to hospitals or are held at home because of health problems. Special educators often work in these *limited* environments and some degree of specialization in education is required. But, in the main, there is strong preference, from an educational point of view, for return of the students to regular school environments as soon as feasible.

[c] A resource classroom is a special station in a school building that is manned by a resource teacher who usually offers some *direct* instruction to selected students, but also usually offers consulting services to regular teachers. Sometimes resource teachers are categorical (such as resource teacher for the blind), but increasingly resource teachers are employed for a more generic, noncategorical role.

[d] Itinerant specialists commonly include, for example, speech and hearing therapists and mobility instructors for the blind. They offer some *direct* instruction to the students involved.

[e] Consultative assistance might be offered, for example, by school psychologists, consulting teachers, resource room teachers, supervisors, or others. The term "consultant" denotes only *indirect* services and *no direct* service or instruction to the child by the consultant.

vided either indirectly through their teachers or directly, on a part-time basis, from specialized personnel. It is also assumed that more severely handicapped children will require more restrictive, segregated placements, while mildly and moderately handicapped children will be best served in less restrictive settings.

In reality, the least restrictive environment principle embodied by the cascade model rarely exists in the case of bilingual exceptional children. Placing the child at the appropriate level of the existing range of services without accommodating his/her linguistic, cultural, and experiential characteristics does not act upon the least restrictive environment principle because the environment does not maximize student performance. Neither does the addition of a native language tutor necessarily enhance the placement. If paraprofessionals, unskilled in the field of special education, are used, their students do not have equal access to the same quality of educational services. Even when districts redesign their special education programs to accommodate exceptional bilingual students, the least restrictive environment principle often does not apply because these programs are typically structured for mildly handicapped youngsters. If this is the only level at which such specialized services exist, then either the program serves only this group of exceptional bilingual youngsters, or else all children are being placed in the setting regardless of the degree of severity of their handicap (see Tucker, 1980).

If the least restrictive environment principle is to be applied to exceptional bilingual children, then districts must plan resourcefully to provide access to quality services at each level of the continuum. Quality services are defined as those furnished by specially trained educators to account for all of the child's characteristics and to provide the optimal instructional environment. The next section presents three basic models that can be employed to accomplish this purpose. Some of the factors determining model selection include the number of students to be served, available staff, physical space, and cost restrictions.

Program Design

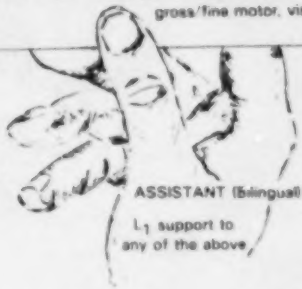
The three models illustrated in the figure on the next page represent alternative service delivery systems. The options range from a model in which only minimum criteria are met to one in which comprehensive servicing is possible. In each one, there are differing coordination requirements — two requiring constant feedback among the principal instructors, and one that is self-sustaining. All three allow the integration of specialized curriculum materials in the first and second language and mainstreaming to either a bilingual or monolingual regular education program. Finally, each basic service model is amenable to the addition of designated instructional services to supplement the core program (e.g., speech and language services, adaptive physical education, counseling services, therapy, etc.). These services could also be supplied to the child in his first or second language.

Bilingual Support Model. This model represents the minimum service level, with a monolingual special educator responsible for all the instruction provided. The special instructor would implement all IEP objectives to be accomplished in English and oversee those

BILINGUAL SUPPORT MODEL

SPECIAL EDUCATION TEACHER (Monolingual)

- Sequenced L_2 Instruction (ESL)
  - Oral language (receptive, expressive)
  - Reading (word attack, comprehension)
  - Spelling/writing (based on oral language)
- Math Instruction in L_2
  - Based on concrete experiences
  - Building language & cognitive development together
- Other IEP Objectives (self-help, vocational, gross/fine motor, visual/auditory perception)



ASSISTANT (Bilingual)

L_1 support to any of the above

COORDINATED SERVICES MODEL

SPECIAL EDUCATION TEACHER (Monolingual)

- Sequenced L_2 Instruction (ESL)
- Design Intervention Program (content & sequence)
  - Ameliorate specific learning problems
- Implementing IEP Objectives to be Accomplished in L_2

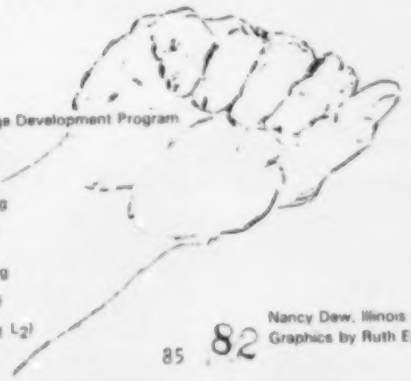
BILINGUAL CLASSROOM TEACHER

- Sequenced L_1 Instruction
  - Oral language, reading, spelling and writing in primary language
- Math Instruction in L_1
- Other IEP Objectives Specified for L_1

INTEGRATED BILINGUAL SPECIAL EDUCATION MODEL

BILINGUAL SPECIAL EDUCATION TEACHER

- Comprehensive Language Development Program
  - L_1
    - Oral Language
    - Reading
    - Spelling/Writing
  - L_2
    - Oral Language
    - Reading
    - Spelling/Writing
- Math Instruction (L_1 L_2)
- Other IEP Objectives (L_1 L_2)



Nancy Dew, Illinois Resource Center, 1982
Graphics by Ruth Ellen Finn

implemented by the aide in the native language. This scheme requires that the special educator receive training in order to understand the characteristics of bilingual children and to learn the specialized instructional strategies that facilitate learning. In turn, the aide is trained in special education techniques and classroom management. Daily coordination is a necessity for this model to function properly.

The bilingual support choice is advantageous when (1) there are too few bilingual students to be served to warrant a credentialed bilingual instructor, (2) the native language of the child is not that of the existing bilingual services in the district, and (3) the parents prefer the bulk of their child's educational program to be delivered in English.

Coordinated Services Model. This option calls for comprehensive servicing by credentialed instructors — a special educator and a bilingual/ESL educator. In this model, both instructors should be knowledgeable in the foundations and instructional techniques of each other's fields in order to communicate effectively and form a unified team. The special educator has primary responsibility for service delivery and executes all areas of instruction designated for English delivery. The bilingual educator directs the implementation of all special education goals targeted for a bilingual or monolingual native language delivery. Ongoing coordination is necessary, but the scheme permits independent implementation because each instructor is well-qualified for the task.

The coordinated services model is advantageous when:

1) Bilingual teachers are available in the district for the target ethnolinguistic minority group.

2) Teaming is an approach acceptable to the instructors involved.

3) Training is provided to both team members regarding the other's field prior to initiating services.

4) It is clearly not feasible to implement an integrated program by hiring a bilingual special educator, and

5) The parents desire that a bilingual approach be used with their child.

The major disadvantage of the coordinated services approach is its cumbersome design. The use of two credentialed instructors to serve one child is costly, both in the time required for planning and in the use of instructional personnel.

Integrated Bilingual Special Education Model. In the most comprehensive and compact of the three models — the integrated bilingual special education model — one educator skilled in both fields delivers all services independently. This arrangement is the preferred delivery method since it is the most cost-effective and productive. It is especially advantageous when

the district has sufficient numbers of exceptional bilingual students to require its implementation or when the district elects to access such services because of the obvious benefits.

Determining Language of Instruction

The decision whether to use a monolingual (be it English or the child's primary language) or bilingual approach should be based on a systematic analysis of the relevant child characteristics and parent preference. Unfortunately, the decision is sometimes based instead on personal beliefs regarding language use. In some districts, for example, if a child is referred from a bilingual regular education program, it is concluded that it was the bilingual approach that failed to meet the child's needs. Consequently, special education instruction is delivered exclusively in English in the belief that this will clarify instruction for the child. What, then, are some of the factors to consider in choosing the language of instruction?

Relative language proficiency (RLP) is the first factor to evaluate. Comparison of proficiency information gathered about each language often reveals a noticeable difference in the child's ability to use one language over the other for academic purposes (see Chapter 4 for a discussion of language proficiency measurement). Barring other variables suggesting another solution, the more proficient language would be the best language of instruction.

Some researchers suggest there is a "threshold level of competence" (Cummins, 1976; Duncan and DeAvila, 1979; Skutnabb-Kangas, 1976) necessary to perform adequately in academic settings. If this threshold does not exist in either language due to cognitive or experiential deficits, it is most often recommended that the child's first language be targeted as the language of instruction and that it be systematically developed to the point necessary to support academic growth. For example, in the case of severely impaired individuals, the first language would be targeted for further development and used when teaching certain objectives in the child's IEP such as independent living skills.

Once the more proficient language is identified, a second factor to examine is the parent or child's attitude toward that language. If they have positive feelings toward the language and its speakers, this will contribute to the program's success; the reverse is also true.

Another important variable is access to speakers of that language. If the target instructional language is used infrequently in the child's daily environment, the language will probably prove incapable of engendering academic success.

The age of the individual is another factor that may contribute to the ultimate choice of the language of instruction. Some educators argue that English is the only logical choice for secondary students because they have little time to develop proficiency before they leave high school. Others assert that the choice for the early primary grades should always be the native language, which provides the strongest foundation for the child's remediation program and continued language growth. Still others claim that the early grades are the best setting for rapid second language development programs and therefore English should be selected.

These various conclusions all depend on the same premise. Age affects language acquisition and influences the degree of language development possible (Krashen, Long, and Scarcella, 1979; Snow and Hoefnagel, 1978). Districts must formulate and adopt a local policy regarding how the student's age will affect the language choice.

In summary, the direct measurement of relative language proficiency usually indicates the language of instruction in which the most success will be derived. However, parental and student preference as well as the motivation, experience, and age of the individual should also contribute to the final decision. The instructional language could remain constant for all IEP objectives or could vary according to the specific objective. At the annual review (or more frequently if desired), the decisions made regarding instructional language could be reevaluated and any reasonable changes made. Most importantly, districts should base their decision on collective criteria rather than on the impassioned opinions of a select few.

Roles Parents Can Assume in Facilitating the Instructional Program

Often, the success of a child's intervention program can be attributed to the coordination achieved between home and school. Chapter 5 discussed ways to initiate meaningful interaction with the parents of exceptional bilingual children. The present discussion will center on the possible roles parents can fill in regard to direct intervention with their handicapped child. The main four parental roles are advocate, facilitator, trainer, and counselor.

The parent as advocate would review annual goals and short-term objectives to make sure that the appropriate services are being planned without regard to cost or availability. Advocates would support native language services or a bilingual approach whenever justified or desired and would join with other parents of exceptional bilingual children to demand that minimal service levels be established in the district. This type of involvement may hinge on training for LEP parents, but it can, and should, be accessible to all parents of handicapped children who wish to become involved. The parents' due-process rights as delineated in P.L. 94-142 assume that parents will fulfill this advocacy role.

The parent as facilitator would serve in or outside of the classroom to assist the school in delivering its program by supervising the child when needed and ensuring that appointments are kept, medication or other treatment received, and assignments completed. The facilitator expedites the plans made by professional staff so that the child derives the maximum benefits. By being fully implemented, the interventions can be evaluated fairly.

As trainer, the parent would select certain instructional objectives to deliver at school or at home, accepting whatever degree of responsibility their skills and time could support. The target areas concern language or academic development, independent living skills, physical therapy, sensorimotor training, or any other area agreed upon. It is important that the parents' principal role be that of loving caretaker; the role of trainer should not infringe on the special support provided by parents. Handicapped children need a refuge in which to relax in an atmosphere of acceptance and love. If we involve all realms of their lives in structured training,

we jeopardize the balance that they need to function well. Moreover, the school should not depend on capable parents to fulfill its responsibility to the child. With proper planning, roles can be well balanced to allow parents the opportunity to become involved to the extent desired while providing maximum benefit to the child. Many schools are now writing home objectives into their IEP's to allow for parental participation.

The final parental role — that of counselor — can enhance implementation of all intervention objectives. Often, exceptional children have a difficult time adjusting to their differences and the reactions of others to those differences; this feeling can intensify for culturally and linguistically diverse youngsters. If parents are able to provide daily support to their child, they can greatly assist in that essential, ongoing adjustment process. Parents occupy a unique position in the child's life from which to build such a foundation. Certainly, any way in which schools might prepare the parents and facilitate such interaction would greatly enhance the child's progress.

Conclusions

This section has dealt with all aspects of structuring educational environments for exceptional bilingual students. (1) A continuum of placement options, from the least to the most restrictive, was delineated; (2) three models for service delivery were presented and the merits and implementation conditions of each described; (3) assistance was given in determining the most appropriate language of instruction; and (4) parental roles in delivering the instructional program were explored. The foregoing discussion should provide the necessary range of alternatives for districts to meet their needs and develop or improve programs for this special population.

SELF-STUDY

1. Who will be routinely involved on the IEP committees of exceptional bilingual children?

2. How will those people develop the necessary skills to adequately plan IEP's for exceptional bilingual children?

3. How will the district facilitate meaningful parental involvement in IEP formulation and placement decisions?

4. How will the district ensure that short-term instructional objectives account for all relevant student characteristics?

5. How will all personnel (bilingual and special education) with an interest in the child interface to provide successful intervention?

6. How will the district provide access for bilingual exceptional students to the entire range of special education settings?

7. Which service delivery models will the district implement and under what circumstances?

8. What criteria will be used to determine the most appropriate language of instruction?

9. What protections will be afforded exceptional bilingual students and their parents to ensure that adequate service levels are maintained and the least restrictive environment provided?

10. How will the district facilitate maximum involvement of parents in their child's intervention program?

Chapter 7.

SPECIAL EDUCATION SERVICES FOR EXCEPTIONAL BILINGUAL STUDENTS: A NEEDS ASSESSMENT FOR PROGRAM IMPLEMENTATION

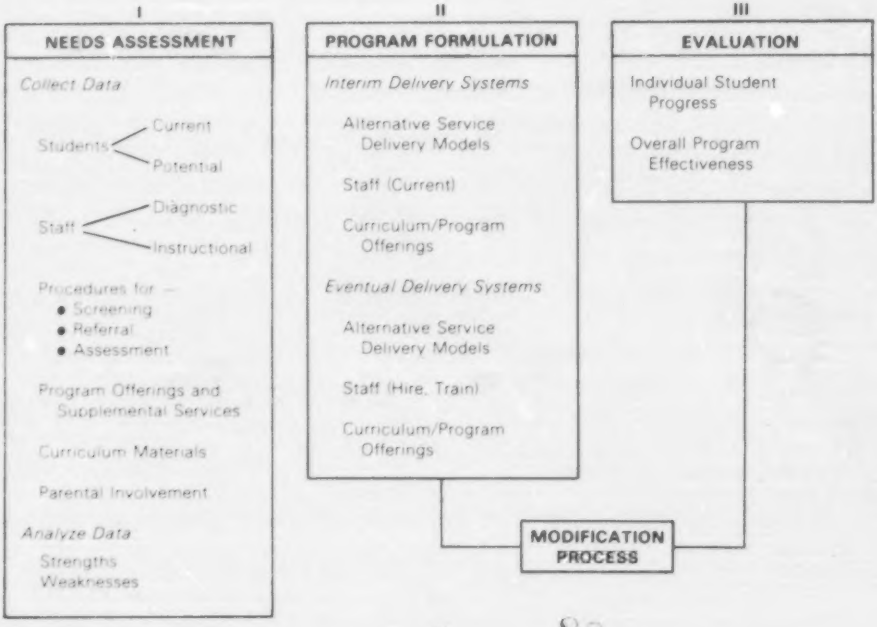
INTRODUCTION

The initiation or improvement of special education services for exceptional bilingual students is an organized process in which districts gather and analyze data describing student needs, collectively plan programs to meet those needs, and train or hire staff to fully implement the programs they design. This chapter, which is written to assist districts in organizing that process, presents a model describing the various stages of program development and lists the contact agencies that can provide further assistance to the districts.

An important factor to remember in program implementation is that every district is unique and therefore must, of necessity, plan its own solutions rather than adopt those formulated in other places. Likewise, each child is unique, and planning for exceptional bilingual children should be done on a child-by-child basis. As stated elsewhere in this document, the programs we design must provide for a variety of needs and must reflect the diversity (linguistic, cultural, and experiential) of the groups we are organizing to serve. We must also remember that what we are embarking upon is a *process*. It is therefore essential to retain a certain flexibility if we seek to accommodate changes as they occur. All parties with principal responsibility for the process must contribute responsively if that atmosphere is to be maintained.

A MODEL FOR PROGRAM DEVELOPMENT FOR EXCEPTIONAL BILINGUAL STUDENTS

The following chart illustrates the various stages of program design and development.



Needs Assessment Phase

This phase consists of data collection and analysis. The following information is compiled during this phase:

1) Number of bilingual students currently receiving special education services, organized according to ethnolinguistic group, handicapping condition, current placement, and related services received.

2) Number of potential bilingual special education pupils (those referred and not yet evaluated as well as those evaluated and not yet served), organized according to ethnolinguistic group, handicapping condition, current placement, and related services received.

3) Number of staff (diagnostic and instructional personnel) with specialized training to serve this target group, listed according to the ethnolinguistic group and handicapping conditions they are prepared to serve.

4) Number of staff (diagnostic and instructional personnel) expressing an interest in specialized training to improve their skills with the target group.

5) Current evaluation procedures.

6) Current placement procedures and program options.

7) Current IEP formulation procedures (adequacy of annual goals, curriculum offerings, etc.), and

8) Current level of parental involvement for the parents of exceptional bilingual students.

Analysis of this data should identify the program strengths to build upon and the areas where policies should be newly developed or revised. Districts should speak to knowledgeable persons who have served children with similar characteristics to help clarify their thinking as they embark on the second phase described below.

Program Formulation

Since the objective is to initiate services to students as quickly and smoothly as possible, districts should plan an interim program delivery system as well as their eventual, more evolved program delivery system. The interim system provides acceptable solutions in terms of staff and curriculum delivered to the student, but these solutions might be more costly or cumbersome in design than the district would desire on a continued basis.

Another option available would be to provide interim regional services, where several districts use their joint resources to serve students until independent programs can be sustained. The final service delivery model the district desires might take years to attain while the appropriate staff is being trained or hired and effective programs developed. With interim services, districts can continue to serve students as responsibly as possible while developing more sophisticated solutions. These final solutions would fully provide for a wide variety of student needs — linguistic, cultural, and experiential — as well as for the exceptionality present.

Evaluation

The final phase is that of evaluation. It includes the evaluation of both the individual student programs and the larger district efforts. At the annual review, the success of each IEP can be monitored through instructor, parent, and student feedback collected systematically to rate each major goal attempted. Collectively, these independent evaluations represent overall satisfaction and achievement on a district level with the target group. Yearly progress toward long-range goals can also be documented at this time. Any necessary modifications can be instituted to allow districts the flexibility to reassess the solutions formulated earlier in the year and to approach more responsive, compatible programs. In essence, this evaluation becomes the new needs assessment to incorporate into the following year's program formulation effort.

CONTACT AGENCIES FOR DISTRICTS PROVIDING SPECIAL EDUCATION SERVICES TO EXCEPTIONAL BILINGUAL STUDENTS

National Agencies

The following agencies are active in disseminating information regarding current legal requirements and programmatic solutions for bilingual exceptional students.

1. The Council for Exceptional Children
   1920 Association Drive
   Reston, VA 22091
   (703) 620-3660

   Contact: Special Assistant to the Executive Director for Minority Concerns and Development

   Special Services: fact sheets, policy options papers, other special publications, and training institutes

2 National Association for Bilingual Education
Room 405
1201 Sixteenth Street, N.W.
Washington, DC 20036
(202) 822-7870

Contact: Special Education Special Interest Group (SIG) Chairperson

3 National Clearinghouse for Bilingual Education
1300 Wilson Boulevard
Suite B2-11
Rosslyn, VA 22209
(800) 336-4560

Contact: Resource Specialist for Bilingual Special Education

Special Services: Specialized resource bibliography, computerized information searches

4 ERIC Clearinghouse on Handicapped and Gifted Children
1920 Association Drive
Reston, VA 22091

Special Services: Information services, searches, special publications regarding exceptional bilingual students

5 National Association of State Directors of Special Education (NASDSE)
1201 Sixteenth Street, N.W.
Washington, DC 20036
(202) 833-4218

Special Services: Specialnet communication/information network

6 U.S. Department of Education
Division of Equity Training and Technical Assistance
400 Maryland Avenue, S.W.
Washington, DC 20202-6264
(202) 245-8484

7. Clearinghouse on the Handicapped
Office of Special Education and Rehabilitation Services
U.S. Dept. of Education
330 C Street, S.W., Room 3106
Washington, DC 20202
(202) 245-0080

Special Services: Information services

8. Closer Look — National Information Center for the Handicapped
Box 1492
Washington, DC 20013
(202) 833-4160

Special Services: Information services

State Agencies

At the state level, districts should locate and contact:

1) Director, Department of Special Education Services
State Department of Education

2) Director, Bilingual Education Services
State Department of Education

3) Bilingual Special Education Training Programs
College of Education, Special Education Department at local colleges and universities

4) Local resource centers for educational personnel

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